FLORIDA MASTER GARDENER APPLICATION
(Please print or type)

Name _____________________________________________________________
Address _______________________________________________________________________________________________________________________
Home Phone __________________________ Business Phone ________________________ Cell Phone _______________________
E-mail Address _______________________________________________________________________________________________________________________

TELL US ABOUT YOURSELF....

1. Have you ever applied to this program before? ______ If so, when? ____________________________

2. Please check areas in which you have training or experience:
   ___ Landscaping    ___ Palms       ___ Vegetable Gardening
   ___ Retail Nursery ___ Ornamental trees ___ Composting
   ___ Native plants ___ Flowering Plants ___ Invasive exotic plants
   ___ Tropical fruit

   Other: ____________________________________________________________________________

3. Please list your garden or plant club/community affiliations: _______________________________________

4. Which of the following ways would you prefer to fulfill your hours of public service?
   You may check more than one area. It is not guaranteed that your service will be in the areas you check.
   ___ Working at regional plant clinics
   ___ Working at the Extension Office answering homeowner calls
   ___ Writing blog articles on special interest topics
   ___ Working with children on school gardens and as a guest speaker
   ___ Working at events staffing a horticulture educational booth
   ___ Giving presentations to community groups and/or other organizations
   ___ Working on current projects of the Horticulture Extension Program

5. Do you have any other ideas or suggestions for volunteer work that would satisfy your public service obligation?
   ________________________________________________________________________________

6. Please check the times you are NOT available for class lectures and/or volunteer activities.
   ___ Mon. - Fri. 8 am – 4 pm   ___ Week nights 4 pm – 9 pm   ___ Weekends 9 am-8 pm

I would like to be accepted into the Florida Master Gardener Training Program. I agree to donate 75 (seventy-five) hours of volunteer service the first year after instruction, and 35 (thirty-five) hours per year to maintain an active Master Gardener status. This service will be coordinated through the UF/IFAS/Monroe County Extension Office. I understand that this application does not guarantee acceptance.

Signature of Applicant ___________________________ Date __________________________

Return to: Kim Gabel, Monroe County Extension Services, 1100 Simonton Street, Suite 2-260, Key West, FL 33040