



THE UNIVERSITY OF GEORGIA
COOPERATIVE EXTENSION
Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

P. O. BOX 300
WAYNESBORO, GA 30830-0300
October 15, 2008

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MASTER GARDENER APPLICATION

Name (Print or type) _____

Address _____

Home Telephone _____

Work Telephone _____

“As a Burke/Jefferson County resident, I would like to be considered for next year’s Master Gardener Program. I understand that this training begins Tuesday, February 17, and concludes Thursday, April 23. To qualify as a master gardener, **I will attend 80-100% of the training sessions.** Upon graduation, I agree to donate 50 hours of volunteer service to the local county Extension program. This volunteer commitment will be completed within one calendar year or no later than May 2010. As a Master Gardener, I promise neither to use my title for any commercial enterprises nor to promote any commercial products.”

Please sign to verify that you have read the above guidelines and that you are willing to abide by them.

Signature

All sessions will be held at the following time and location:

**Tuesdays and Thursdays - 4:00-6:00p.m.
Burke County Library or Burke County Extension Office
Waynesboro, Georgia**

Enclose your check for \$125 payable to **Burke County Office Fund**. Your fee covers program costs such as your handbook and handouts. If you are not selected, your check will be promptly returned. No applications will be accepted after Friday, December 19, 2008. Burke County Extension has available 25 Master Gardener spaces. Therefore, we will select the top 25 from our applicant pool.

Mail this application with your check to:

UGA Cooperative Extension, Burke County
P.O. Box 300
Waynesboro, GA 30830-0300

GARDENING AND RELATED EXPERIENCE:

Please be specific and fill out the following information:

Gardening Experience: Number of years you have gardened: _____ Gardened where? _____
(Part of country)

1. List any training or formal education you have received in the areas of gardening or horticulture.

2. Please list your top three areas of gardening interest or specialization (e.g. roses, vegetables, greenhouse, annuals, perennials, etc.)

3. Please list any civic or garden groups you are currently a member of (i.e. plant societies, local garden club, etc.)

4. Have you ever served as a leader or officer in any of the above groups? If yes, which offices and when?

5. Please list any previous volunteer work you have done. Specify organizations, type of work and dates.

6. Please list some of your hobbies other than gardening.

7. Please highlight skills that you possess that could be used to strengthen our program (i.e. writing, editing, public speaking, coordination or management of other volunteers, graphic design, etc.)

8. Current occupation and work hours:

a. Are you available for weekday volunteer activities? Yes _____ No _____