



The Georgia Master Gardener program is a training course designed to help Extension agents transfer research-based information about gardening and related subjects to the public by training home gardeners.

If accepted into the program, you are expected to attend at least 80% of the twenty two classes and volunteer at least 50 hours in the first year and 25 hours each year thereafter to remain an active Georgia Master Gardener. These volunteer hours are achieved through assisting and educating others, not through labor. Fifteen volunteer hours during your first year must be at the Cooperative Extension office and another ten hours at the State Botanical Garden of Georgia.

The Athens-Clarke County Master Gardener Program is administered by The University of Georgia Cooperative Extension and sponsored by The State Botanical Garden of Georgia.

Classes are scheduled to meet on Tuesday and Thursday from 5:45pm to 8:15pm
beginning January 4 through March 29, 2011
Application deadline is November 1, 2010
You will be notified of your acceptance status by November 15, 2010

Please Print Clearly:

Name Preferred Name for Nametag

Address

City State Zip

E-mail Address

County Daytime Phone No. Home Phone No.

Occupation (Current and/or Previous): _____

Years of gardening experience: _____

If you are employed, will your job leave you enough time to attend class, study, and finish your fifty hours of volunteer service in the first year?

YES

NO

RETIRED

Do you currently work in the green industry (landscaping, plant nursery . . .)?

YES

NO

If yes, in what area? Circle one main category.

Landscaper

garden designer

garden center employee

Grower/farmer

other professional _____

In what areas of horticulture are you most interested?

What kind of horticulture or garden related volunteer experience have you had?

Do you currently or would you enjoy educating others in gardening related topics? List two types of gardening topics about which you feel competent to educate others. Examples: vegetables, woody ornamentals, annuals, perennials, native plants, cactus, succulents, etc.

Do you have teaching experience with children?

YES

NO

Do you have teaching experience with adults?

YES

NO

Do you speak another language fluently?

YES

NO

If yes, please list. _____

What percentage of the classes do you believe you will be able to attend?

Note: 80% is required for graduation from the Master Gardener program.

70%

75%

80%

85%

90%

95%

100%

Will you continue to volunteer in gardening-related activities after your initial 50-hour, internship year requirement has been met?

YES

NO

PROBABLY

Remember, after your first year you are required to volunteer twenty-five hours per year to remain an active Master Gardener.

Please mark the times you will generally be able to volunteer and leave blank the times you will not be available. Limited availability can affect your acceptance. Please complete this section to the best of your abilities.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-12							
1-5							

List any education based projects or activities that you might do to fulfill your required volunteer hours. Discuss areas of horticulture you would enjoy learning more about and educating others in these areas.

Why do you wish to become a Master Gardener?

Will transportation to classes on Tuesday and Thursday evenings or class fees (\$160) be a problem if accepted into the program? Place a Check beside your answer.

No, transportation and class fees will not be a problem

Yes transportation and class fees will be a problem. Please Explain:

Do you have a disability that limits you physically? If so, please describe your limitations so accommodations can be provided. This information will not affect your acceptance into the Master Gardener Program. _____

****The following five questions will not affect your eligibility for the Master Gardener program.****

How did you hear about the Master Gardener program?

Do you currently know any active Master Gardeners? Please circle.

YES

NO

Indicate highest educational level you have attained:

High School _____

Associates Degree _____

Bachelors Degree _____

Masters or Doctorate _____

Have you ever applied to a Master Gardener program before? _____

If so, where and when? _____

If accepted into the program I consent to have my name, address, and phone number listed on a class roster for the members' notebook.

YES

NO

I wish to become a Master Gardener and would like to be accepted into the training program beginning January 2011. I understand that the Master Gardener class is a volunteer training program. If accepted, I will contribute 50 hours to volunteer service in an area related to gardening before the end of 2011. Fifteen of these 50 hours must be completed at the Extension office and ten at the State Botanical Garden of Georgia in an approved project.

Signature

Date

****Return application to:****

Amanda Tedrow, Athens-Clarke County Agriculture & Natural Resources Extension Agent at

Athens-Clarke County Extension Office
2152 West Broad Street, Athens, GA 30606
atedrow@uga.edu

OR

Andrea Fischer, State Botanical Garden of Georgia Volunteer Coordinator at

The State Botanical Garden of Georgia
2450 S Milledge Ave, Athens, GA 30605-1624
sbgvol@uga.edu