

**REGISTRATION
DEADLINE
October 5
2009
5:00 P.M.**

SPALDING COUNTY EXTENSION

P.O. Box 277, Griffin, GA 30224
232 East Broad Street, Griffin, GA 30223
PH: 770-467-4225 Fax: 770-467-4239
email: uge2255@uga.edu

2010 MASTER GARDENER VOLUNTEER APPLICATION

Name _____
(PLEASE PRINT)

Address _____ Zip Code _____

County _____ Email _____

Home Phone _____ Business Phone _____

Cell Phone: _____

I wish to become a Master Gardener Volunteer and would like to be accepted into the Cooperative Extension training program beginning Monday, January 11, 2010 and continuing through March 29, 2010. Classes are every Monday (with the exception of January 18) from 9:00am to 4:30pm.

I understand that if accepted into Master Gardener Volunteer training, I will agree to donate fifty (50) hours of volunteer time (20 of which to be served in the Extension Office) to the Spalding County Extension Service during the 2010 calendar year.

I understand I will be a Master Gardener Volunteer Intern until the 50 hours are complete. I understand to keep my status as Master Gardener I must donate 25 hours of volunteer service each year thereafter. I will not use my Master Gardener status to promote a commercial venture. I understand that an incomplete application will not be considered.

Signature _____

Fee for this training is \$100 payable at the time of application. Contact the office at 770-467-4225.

Please answer each question as completely as possible. If it does not apply, write N/A on the line provided. Thank you.

What kinds of horticultural experience have you had? _____

Please list group affiliations, any offices held and the dates of membership (garden clubs, professional or hobby associations, plant specialty societies, etc.) _____

Please list any training or expertise in gardening, education assets, public speaking, leadership, etc. _____

What horticultural training have you had? (credit and non-credit courses or other workshops?) _____
_____W

What volunteer experience have you had? _____

How much time each month do you commit to community, civic, professional and/or other organizations/activities? _____

What have you accomplished in any one or more of these activities that you think is important?

How many years of horticultural experience have you had? _____

What areas of horticulture are you especially interested in? (i.e. vegetables, greenhouse, roses, wildflowers, etc.) _____

In what areas of subject matter do you feel you need training? _____

Do you have fruit trees? Yes No

Do you have vegetable garden? Yes No

Do you have annual flowers? Yes No

Do you have perennial flowers? Yes No

Do you have a shade garden? Yes No

Do you Bonsai? Yes No

Do you have an herb garden? Yes No

Do you have a greenhouse? Yes No

Do you have houseplants? Yes No

Do you do flower arranging? Yes No

Do you have any experience with landscape design? Yes No

Have you ever spoken to groups on gardening topics? Yes No

Do you have experience writing articles on plants? Yes No

Have you ever done any landscape design? Yes No

Have you ever done any landscape installation? Yes No

What is your present occupation? _____

How did you hear about the *Master Gardener* Program? _____

Why do you wish to become a *Master Gardener*? _____

What do you hope to gain from your *Master Gardener* experience? _____

Please describe the *Master Gardener Volunteer Program* in your own words. _____

There are many roles a Master Gardener can play. We are looking for a good mixture of personalities and expertise. Please circle the terms that best describe you:

I enjoy leadership roles.

I am a 'worker bee'.

I enjoy Fundraising.

I would enjoy visiting with people one-on-one to discuss gardening problems.

I communicate well in written form.

I communicate well in oral form.

I enjoy networking.

I'm not afraid to get dirty.

Please list other words that describe you: _____

Please list times during the next gardening season that you know that you will not be available for volunteer service (vacation, job, and other regular commitments). _____

I am available to volunteer on the following days and times: _____

What type of volunteer work would you most enjoy doing for the Master Gardener Program?

Rate each activity below:	Weakest					Strongest				
Teaching small groups	1	2	3	4	5					
Teaching large groups	1	2	3	4	5					
Teaching on a one-to-one basis	1	2	3	4	5					
Teaching children 12 and under	1	2	3	4	5					
Teaching teens 13 to 20	1	2	3	4	5					
Teaching adults	1	2	3	4	5					
Teaching senior citizens	1	2	3	4	5					
Teaching physically challenged	1	2	3	4	5					
Teaching workshops	1	2	3	4	5					
Teaching lecture classes	1	2	3	4	5					
Speaking to garden and civic clubs about Master Gardening or an area of horticulture	1	2	3	4	5					
Planning special projects	1	2	3	4	5					
Photographing plants or horticultural activities	1	2	3	4	5					
Organizing and scheduling plant clinics	1	2	3	4	5					
Answering telephone questions	1	2	3	4	5					
Making home visits to County residents on plant questions	1	2	3	4	5					
Writing articles for Extension newsletter	1	2	3	4	5					
Writing articles for newspapers	1	2	3	4	5					
Writing and/or editing special interest leaflets	1	2	3	4	5					
Helping with office work (filing, stocking publications racks, etc.)	1	2	3	4	5					
Assist leaders in low-income communities to guide them in setting up an urban community garden	1	2	3	4	5					
Answering questions at gardening clinics	1	2	3	4	5					
Helping teach the Junior Master Gardener Program	1	2	3	4	5					
Working with schools to set up gardens and/or composting sites	1	2	3	4	5					
Maintaining the garden area at the Extension Office	1	2	3	4	5					

Which topics do you prefer?

Weakest

Strongest

Vegetable Gardening	1	2	3	4	5
Lawns	1	2	3	4	5
Annuals and Perennials	1	2	3	4	5
Landscape Maintenance	1	2	3	4	5
Attracting Wildlife	1	2	3	4	5

Are you willing and able to attend (80 to 100%) of the training sessions on Mondays from 9:00am to 4:30pm for twelve weeks? YES NO

***PLEASE NOTE:** Past experience has shown that Master Gardener Volunteers with jobs with inflexible hours fail to fulfill their commitment of 50 hours of volunteer time, with twenty hours that must be completed in our office Monday - Friday, 8:00 a.m. to 5:00 p.m. Therefore, if you can not assure us that you will be able to do your required 20 hours in the office during the day you will not be selected for this course.*

OFFICE USE ONLY

Date Received _____

Date Interviewed _____

Accepted

Yes No