

To apply, please complete this form and sign the Memorandum of Agreement. Mail the documents to: **UA Cooperative Extension Master Gardener Program, 1140 N Colombo, Sierra Vista AZ 85635**. Your payment (payable to: University of Arizona) will be accepted the first day of class.

**Spring 2026 U of A Cooperative Extension Master Gardener Training**

February 11– May 27, 2026 (Wednesdays), 10:00 a.m. – 1:00 p.m.

U of A Sierra Vista, Room 503, 1140 N. Colombo, Sierra Vista

**Applications and non-refundable course fee must be received by: February 11, 2026**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred name (if different from above): \_\_\_\_\_

**Please complete the following (attach a separate sheet if necessary):**

1. Select one option below and check the appropriate box.

**Option A: Volunteer time.** I want to participate in the Master Gardener Training AND volunteer 50 hours required in order to become a Certified Cooperative Extension Master Gardener. The cost of this option is **\$175** and includes the Master Gardener manual, Master Gardener shirt, and all course materials.

**Option B: No volunteer time.** I want to participate in the Master Gardener Training and NOT volunteer any time. The cost of this option is **\$275**. This fee includes the Master Gardener manual and all course materials and does not require a volunteer commitment. Due to limited space, preference is given to Option A applicants.

If you selected **Option A**, please confirm that you will be able to commit and volunteer the necessary hours needed to become a Certified Cooperative Extension Master Gardener? Please describe your general availability and why you would like to become a Master Gardener.

2. How long have you lived in Cochise County? \_\_\_\_\_ If you are not a native of Arizona, what state are you from?

**For Office Use Only**

Paid Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Memo: \_\_\_\_\_

Approved: Yes No

By: \_\_\_\_\_

Date: \_\_\_\_\_

3. Years of gardening experience \_\_\_\_\_. Type of gardening experiences and related training. List any specialized garden-related training you have received.

4. Please list areas of interest, specialization, or hobbies related to gardening or plants. (i.e. ornamentals, native plants, vegetables, herbs, cacti, succulents, house plants, fruit trees, pruning, roses, community gardening, etc.)

**Questions 5- 7 are for those selecting Option A only.**

5. List any special skills you have which would be useful to the Cooperative Extension Master Gardener Program. (i.e. graphic design, illustration, journalism, public speaking, computers, photography, fund-raising, etc.).

6. Years of volunteer experience \_\_\_\_\_. List volunteer activities that you have participated in within the last five years.

7. Cooperative Extension Master Gardeners are volunteers that provide science-based horticulture information to the community. Following are some of the activities – please check the activities that are especially interesting to you.

Home horticulture telephone calls and visitor inquiries at the Cooperative Extension office  
 Public speaking (e.g. giving horticulture talks to small groups)  
 Public Relations (TV, radio, newspaper, newsletters, etc.)  
 Answering horticulture questions at Master Gardener information tables (e.g., Farmers Markets)  
 Youth Gardening (working with schools, youth groups) This area requires a fingerprint criminal background check.  
 Computers (word processing, spreadsheets, PowerPoint, graphic design, etc.)  
 Other \_\_\_\_\_

**Option A Applicants Only:** *I wish to enroll in the Master Gardener Training course offered by the University of Arizona Cooperative Extension. I understand that when I complete the course and pass a written examination, I will be an Associate Master Gardener. I also understand that my absence from more than three (3) class sessions will result in failure to complete the course. I further understand that in exchange for the training, I will volunteer at least 50 hours of my time to the Master Gardener Program by June 30 of the following year (approximately 13 months after completion). At the completion of 50 hours I will become a Certified Cooperative Extension Master Gardener.*

---

Signature

---

Date

**Option B Applicants Only:** *I wish to enroll in the Master Gardener Training course offered by the University of Arizona Cooperative Extension. I understand that I will receive a certificate of completion when I complete the course and pass a written examination. I also understand that my absence from more than three (3) class sessions will result in failure to complete the course.*

---

Signature

---

Date