To register, please complete and sign this application. Please mail these along with a check for $200 (payable to the University of Arizona) to:
Master Gardener Program, Coconino Cooperative Extension, 2304 N. 3rd St., Flagstaff, AZ 86004.
Or call 928-773-6100 to pay with a credit card.

The Spring 2018 Page Master Gardener Training Course will be held at:
CCC Page Instructional Site, 475 S. Lake Powell Blvd., Page, AZ
February 7, 2018 – April 4, 2018 (Wednesdays)
5:30 pm to 8:30 pm
Application deadline: January 31, 2018 (The class is on a first come first serve basis. Please register ASAP to ensure enrollment.)

Name: ______________________________________________________________________________
Address: ____________________________________________________________________________
City: _______________________________ State: _____________________ Zip: __________________
Phone (day): ___________________________ (night): _________________________________
Email: ______________________________________________________________________________
What is the best way to contact you? ______________________________________________________
Occupation: _________________________________________________________________________
If retired, what was your profession? _____________________________________________________

1. Why do you want to become a Master Gardener?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. How many years of gardening experience do you have? ________________________________
3. Please describe your gardening experience:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

4. In what areas of horticulture are you most interested (i.e., roses, greenhouse, vegetables, etc. . . . )

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

5. Master Gardeners are required to volunteer 50 hours serving their communities to become certified. Please mark your degree of interest in these potential projects.

<table>
<thead>
<tr>
<th>LEVEL OF INTEREST</th>
<th>1=LOW</th>
<th>6=HIGH</th>
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<tbody>
<tr>
<td>Hospice Garden</td>
<td>1 2 3</td>
<td>5 6</td>
</tr>
<tr>
<td>Community Beautification</td>
<td>1 2 3</td>
<td>5 6</td>
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<tr>
<td>Community Gardens</td>
<td>1 2 3</td>
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<tr>
<td>Master Gardener Blog</td>
<td>1 2 3</td>
<td>5 6</td>
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<tr>
<td>Coconino County Fair</td>
<td>1 2 3</td>
<td>5 6</td>
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<tr>
<td>Youth Gardening (4-H, Schools)</td>
<td>1 2 3</td>
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<tr>
<td>Master Gardener Column</td>
<td>1 2 3</td>
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<tr>
<td>Website design and maintenance</td>
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<td>5 6</td>
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<tr>
<td>Public Speaking</td>
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<tr>
<td>Arboretum</td>
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<tr>
<td>NAU Research Greenhouse</td>
<td>1 2 3</td>
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<td>Riordan Mansion State Park</td>
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<tr>
<td>Xeriscape Demonstration Garden</td>
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<td>5 6</td>
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<tr>
<td>Other</td>
<td>1 2 3</td>
<td>5 6</td>
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</tbody>
</table>
6. What kind of volunteer experiences have you had?

________________________________________

________________________________________

________________________________________

7. Please list any special talent or skills that will benefit our Master Gardener program (i.e., artwork, teaching, writing, speaking, computers, etc…)

________________________________________

________________________________________

________________________________________

8. What other types of Master Gardener service would you like to do to fulfill your volunteer commitment?

________________________________________

________________________________________

________________________________________

9. How did you learn about the Master Gardener program?

________________________________________

________________________________________

________________________________________

A limited number of partial work scholarships are available. If you have a financial need, please attach a letter briefly describing your need. More importantly, state how you plan to use the information you gain from this training to educate our community. Please be specific.
I wish to enroll in the Master Gardener training program offered by the University of Arizona Cooperative Extension. I understand that I will be expected to attend all training sessions and provide a minimum of fifty (50) hours of volunteer service within 12 months of course completion. I further understand that I will become a Certified Master Gardener when I complete both the training and the volunteer work. I also agree to submit monthly records of my volunteer hours and contacts and to pay a one-time, non-refundable fee of $200. To maintain certification, I will commit at least 12 hours of volunteer service and 6 hours of continuing education annually.

________________________________________ ____  ______________________
Signature        Date

The Master Gardener program is a volunteer training program.
We encourage only those willing to complete their 50 volunteer hours to register.

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey Silvertooth, Director, Cooperative Extension, College of Agriculture Life Sciences, The University of Arizona.

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