The University of Arizona Cooperative Extension
Coconino County
Master Gardener Class Registration
August 29 – December 5

To register, please complete and sign this application. Please mail these along with a check for $215 (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 Fall 2017 Master Gardener Training Course will be held at:
Family Resource Center
4000 E Cumming St. Flagstaff, AZ 86004
5:30 pm to 8:30 pm

Application deadline: August 25, 2017
The class is on a first come first serve basis. Please register ASAP to ensure enrollment.

Name: __________________________________________________________________________________

Address: __________________________________________________________________________________

City: ____________________________ State: ____________________ Zip: __________

Phone (cell): ____________________________ (home): ____________________________

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?
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________
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.

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<th>LEVEL OF INTEREST</th>
<th>1=LOW</th>
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<th>3</th>
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<th>6=HIGH</th>
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<td>Community Gardens</td>
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<td>The Arboretum at Flagstaff</td>
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<td>Riordan Mansion State Park</td>
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6. What kind of volunteer experiences have you had?

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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?

________________________________________________________________________

________________________________________________________________________

The Master Gardener program is a volunteer training program. We encourage only those willing to complete their 50 volunteer hours to register. All Master Gardeners trainees need to complete 5 of those volunteer hours with directly with the Coconino Cooperative Extension office or the Coconino Master Gardener Association.
Please initial here. I give permission to the University of Arizona Cooperative Extension Coconino County to publish photos for educational purposes.

I wish to enroll in the Master Gardener training program offered by the University of Arizona Cooperative Extension Coconino County. 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 $215. To maintain certification, I will commit at least 12 hours of volunteer service and 6 hours of continuing education annually.

__________________________________________________  ____________________
Signature Date

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.

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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