MASTER GARDENER PROGRAM
APPLICATION

Yuma County Cooperative Extension, University of Arizona
2200 W. 28th Street, Suite 102
Yuma, AZ 85364-6936
(928) 726-3904

Application Date: ____________________________

Name: ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ___________________

Home Phone: ____________________________ Alternate Phone: ____________________________

Email: __________________________________________________________________________________

Preferred name (if different from above): __________________________________________________________________________________

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

1. Please select your option below.

   a. **Option A: Volunteer time.** I want to participate in the Master Gardener Training and volunteer the 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 and all course materials.

   b. **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 **$200**. 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.*

Total Amount of Fees Enclosed With Application: $___________ Ck# _______ Cash _______
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.

1. How long have you lived in Yuma County? ____________ If you aren’t a native of Arizona, which state are you from?

2. Years of gardening experience. ____________ Type of gardening experiences and related training. List any specialized garden related training you have received.

3. 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 4-6 are for those selecting Option A only.

4. 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).

5. 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).
6. Cooperative Extension Master Gardeners are volunteers that provide science-based horticulture information to the community. Following are some of the activities-please circle 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. Plant Clinics)
- 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 Feb 28th of the following year (approximately 12 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____________________________________

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 C. Silvertooth, Associate Dean & Director, Economic Development & Extension, Cooperative extension, College of Agriculture Life Sciences, The University of Arizona.

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