



MASTER GARDENER APPLICATION FORM

To be considered for the Master Gardener program you must have an e-mail address. If you are currently employed by the University of Arizona, some restrictions may apply. Call 520-626-5161 for clarification.

Please print or type:

Please list your e-mail: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ - _____

TELEPHONE: Day: _____ Evening or Cell: _____

Before you complete the application, please read this information about our program:

<http://uacals.org/1du> and <http://uacals.org/2jw>

Please initial here that you have read these two articles: _____

Mission Statement: Pima county Master Gardener Extension Volunteers are university-trained volunteers who serve as community educators. They work with the University of Arizona Cooperative Extension to provide research-based information on environmentally responsible gardening and landscaping to the public.

WHY DO YOU WANT TO BECOME A MASTER GARDENER?

GARDENING BACKGROUND (List your interests, experience, and skills related to plants and gardening and/or horticultural training that you may have had.)

ARE YOU OR HAVE YOU BEEN A DOCENT AND/OR VOLUNTEER FOR ANY ORGANIZATION? If so please describe your experience.

ARE YOU COMFORTABLE SPEAKING WITH THE PUBLIC? (Please describe your experience.)

OCCUPATION(S): Are you currently employed? If so, are you full time or part time? Will your schedule allow you to put in the needed class time and volunteer hours? If you are retired, what was your former occupation?

ARE YOU AVAILABLE YEAR-ROUND FOR VOLUNTEER SERVICE?

Please initial each of the following statements after reading:

___ I agree to an interview with the Extension Agent or representatives of Master Gardener program and will accept their decision as to my suitability to join the educational program.

IF I AM ACCEPTED AS A TRAINEE, I WILL:

___ Be available to attend Tuesday morning classes from 9 a.m. to 12 p.m. (August to mid-December) for approximately 60 hours of classroom training on gardening information and methods.

___ Pay the registration fee \$200.00 (payable to: PCCE) which covers the cost of reference materials which will become my personal property as well as the name badge and the green vest that represent the Master Gardeners.

___ After certification, I will commit to 50 hours of volunteer service as a Master Gardener and 10 hours of continuing education per year to maintain the status of Master Gardener.

___ Comply with policies and procedures of the Cooperative Extension and the University of Arizona

___ I give permission to the Pima County Cooperative Extension to use and publish photos/videos of myself for educational and promotional purposes.

Signature

Date

Please complete and return this application to:

Master Gardener Training
Pima Co. Cooperative Extension
4210 N Campbell Ave.
Tucson, AZ 85719-1109