

# Master Gardener



PennState Extension

## Master Gardener Volunteer Application

Please print clearly

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (**check best**) (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Full-time/Part-time/Retired? \_\_\_\_\_

Years of gardening experience \_\_\_\_\_

Please list any training or work experience in horticulture or related fields \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate your schooling:

\_\_\_\_\_ High School      \_\_\_\_\_ Jr. College      \_\_\_\_\_ Trade/Technical School

\_\_\_\_\_ College      \_\_\_\_\_ Graduate School

Please list areas of interest or specialization (i.e. vegetables, flowers, roses, writing, speaking, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Master Gardener program? \_\_\_\_\_

\_\_\_\_\_

What are the best days for you to do volunteer work? \_\_\_\_\_

Why do you want to become a Master Gardener? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List times during the next year that you will NOT be available for volunteer service (vacation, job, other commitments). \_\_\_\_\_

Please rate the activities / areas where you may want to volunteer:

	Least Interest		Moderate Interest		Most Interest
Teach/present to small groups	1	2	3	4	5
Teach/present to large groups	1	2	3	4	5
Teach/work with youth	1	2	3	4	5
Teach/work with adults	1	2	3	4	5
Teach/work with senior citizens	1	2	3	4	5
Teach/work with persons with physical disabilities	1	2	3	4	5
Answer gardening questions from the public	1	2	3	4	5
Write gardening columns for website or publications	1	2	3	4	5
Staff information booths	1	2	3	4	5
Prepare exhibits and displays	1	2	3	4	5
Plant and maintain demonstration gardens	1	2	3	4	5
Coordinate volunteer activities	1	2	3	4	5
Plan educational programs	1	2	3	4	5
Carpentry / handiwork	1	2	3	4	5
Judge horticulture exhibits/ entries for fairs	1	2	3	4	5
Provide art or design services	1	2	3	4	5
Work on publicity for events	1	2	3	4	5
Other (please specify) _____	1	2	3	4	5

I wish to become a Master Gardener volunteer and would like to be accepted into the training program. I understand that if accepted, I will attend the required training sessions and agree to volunteer at least 50 (fifty) hours within the first year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Pennsylvania State University encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact \_\_\_\_\_ in advance of your participation or visit.