

FLORIDA MASTER GARDENER APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

SECTION I:

NAME: MR. MRS. MS.

NICKNAME, IF ANY

ADDRESS:

CITY/STATE

ZIP CODE

CELL PHONE:

WORK PHONE:

SECTION II:

Check

Have you applied for Master Gardener training before? Yes No

If yes, When?

Where?

Please list any specialized gardening interests or hobbies you have, e.g., vegetables, house plants, ornamental, turfgrasses, landscaping, bonsai, bromeliads, orchids, ferns, etc.:

What gardening affiliations do you have, e.g., garden clubs, horticultural societies, etc.?

Which of these Master Gardener program areas interest you? Customers' Q&A, group teaching, working in demonstration gardens, community vegetable gardening, writing and editing, video graphic, walking tour guide of 20/20 preserves, applied research, plant clinics, seminar and conference organizer, any other major activity of your choice (name it). Rank each program area with 1 being the most important, and 5 being the least important.

SECTION II: (Cont'd)

Are you currently active in other types of organizations, e.g., Cancer Society, Kiwanis Club, PTA, etc.?

Yes

No

In 30 words or less, why do you want to become a Master Gardener?

SECTION III:

List all periods during the next year that you know you will not be available for volunteer service due to vacation, job, etc.:

SECTION IV:

I wish to become a Master Gardener and would like to be accepted into the Program. I agree to donate at least 50 hours of public service for each 12-month period that I remain active in the Master Gardener Program.

Email your application to brownsh@leegov.com or mail it to Master Gardener Training, 3410 Palm Beach Blvd., Fort Myers, FL 33916 or hand deliver it to the office at the same address.

DATE

SIGNATURE OR TYPED NAME

EMAIL ADDRESS: