

2017 Master Gardener Application

(Turn in the following three pages)

I wish to become a Master Gardener and would like to be considered for the training program. I understand only 32 people will be accepted into the program. If I am selected, I will complete the training, and I will agree to donate a minimum of 45 hours of public service to the Elkhart County Extension Office's Master Gardener program during the next year. Upon acceptance to the program, I understand I will be asked to submit information for a background check.

Signature _____

Print your name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell _____

Fax Number _____ E-mail address _____

Please answer the following questions so that we can match your talents to our volunteer needs. No experience is required, but we would like to know what your interests are.

1. Years of gardening experience _____.

2. Do you have any special training or experience in gardening? Please list: _____

3. Do you have any special interests in gardening? (e.g. vegetables, perennials, greenhouse, lawn care, roses, etc.)

4. Please list any garden group or club affiliation _____

5. Are there any times in the next year you will not be available for Master Gardener classes or volunteer services (e.g. vacation, job responsibilities, other commitments)?

6. What are your hobbies and interests not related to gardening?

7. Are you employed in the horticulture profession? _____

If yes, who is your employer? _____

8. What kind of activities would you volunteer for? Please check those that apply to you.

_____ Speak to groups about gardening.

_____ Organizational activities (e.g., preparing a booth for a mall show or the fair).

_____ Answering gardening questions at the Extension Office, mall shows and other activities.

_____ Writing (news articles, fact sheets, newsletters, etc.).

_____ Identifying plants and their problems.

_____ Other ideas...please specify:

9. What groups do you feel most comfortable working with?

_____ Children (5-10 years old) _____ Teens (11-19 years old)

_____ Adults _____ Senior Citizens

_____ Other Groups _____

_____ Any of the above groups.

10. Why do you want to be a Master Gardener? Why should you be selected as a Master Gardener? Please write a paragraph or two describing why you are interested in this program. No more than one page, please!

If you wish, a letter of reference may be submitted with the application.

- Deadline for applications is 4:30 p.m. on Friday, Aug. 4, 2017 or until all 32 openings are filled. Accepted applicants will be notified by. Do not send money with this application!

Please send application form to:
Purdue Extension Elkhart County Office
C/O Master Gardener Program
17746 County Road 34 Ste E
Goshen, IN 46528-6898
Phone: 574-533-0554



It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran.

Purdue University is an Affirmative Action institution. This material may be available in alternative formats.

PURDUE
UNIVERSITY

PURDUE | **LOCAL FACES**
EXTENSION | **COUNTLESS CONNECTIONS**
1-888-EXT-INFO • www.extension.purdue.edu

Order or download materials from
Purdue Extension - The Education Store
www.the-education-store.com