

## 2019 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)?

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

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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:

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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, July 12, 2019 or until all 32 openings are filled. Accepted applicants will be notified by August 1, 2019. 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

