MASTER GARDENER APPLICATION

I wish to become a Master Gardener in Arkansas County. I want to be accepted into the 40-hour Master Gardener training program offered by the University of Arkansas Cooperative Extension Service. I understand that in exchange for the training, I will volunteer at least 40 working hours and agree to acquire 20 additional learning hours in the Master Gardener program within the next year. I understand that I will become a Master Gardener when I complete the training and pass the examination. In order to retain the Master Gardener designation in subsequent years, I will volunteer 20 working hours and obtain 20 learning hours annually.

Name (Signature)______________________________________Date________________

Name (Print) ___________________________________________________________________

Address ___________________________________________    Phone (day) ________________

City ___________________________________ Zip________    Phone (night) ________________

Please complete the following:

Years of gardening experience: ___________________________________________________

Type of gardening experience: ____________________________________________________

List areas of specialty or hobbies (e.g. flowers, herbs, ornamentals, etc.):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

List experiences working with the community, schools, churches, youth, senior citizens, etc.:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please list group affiliations (e.g. garden clubs, plant societies, etc.):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

How did you learn about the Master Gardener program?
(continued on back)
Why do you want to become a Master Gardener?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The Master Gardener training will be held on Thursdays, June 9, 16, 23, 30 and July 7 from 8:30 – 4:30 p.m.  
(You are allowed to miss no more than one class to be certified as a Master Gardener.)

A $75.00 registration fee will cover all supplies

This training is open to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information or any other legally protected status.

Comments:_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

RETURN APPLICATION TO: 
Cooperative Extension Service
1009 Liberty Drive
DeWitt, AR 72042