

SANTA ROSA COUNTY MASTER GARDENER APPLICATION

**Please complete this application and return it to our office.
Please type or print legibly.**

SECTION 1: *Please give us this basic information about yourself.*

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

If selected, how would you like your name tag to read: _____

Are you a full-time resident of Santa Rosa County? Yes _____ No _____

SECTION 2: *Please complete the following questions:*

1. Have you participated or applied for Master Gardener training before? Yes ___ No ___
If yes, when? _____ Where? _____

2. Please list any training and/or practical experience you have had in gardening, horticulture, farming or related fields.

3. Please list any specialized gardening interests or hobbies you have, e.g., vegetables, houseplants, ornamentals, turf-grasses, landscaping, etc.

4. Are you currently active in any organizations, clubs or societies? ___ Yes ___ No
If so, which ones?

5. How did you learn about the Master Gardener Program?

6. Why do you want to become a Master Gardener?

7. We have many applicants and only a limited number of places for training. Please give us some reasons why you would be a good candidate for Master Gardener training.

8. Please describe your education, training, and skills.

9. List any previous volunteer experience including the name of the organization, the year and your volunteer role.

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

11. What are the best days for you to do volunteer work?

12. Name some of the volunteer opportunities you would like to perform as a Master Gardener (please refer to booklet):

1st choice: _____ 2nd choice: _____ 3rd choice: _____

SECTION 3: For each question, place an "X" in the column which best describes the importance of the reason for your wanting to become a Master Gardener.

		Extremely Important	Very Important	Important	Somewhat Important	Minor Importance	Not a reason
a.	I will have the opportunity to receive training in horticulture.						
b.	I will become a part of the University of Florida/ IFAS.						
c.	I will have the opportunity to share my knowledge with others.						
d.	I will gain practical experience that can help me get a job.						
e.	I will be able to provide a service to other people in my community and /or neighborhood						
f.	I feel it is important to help others.						
g.	I can do something for an environmental cause that is important to me.						
h.	I will be able to increase my knowledge in the area of gardening.						
i.	I will gain a great deal of personal satisfaction.						
j.	I will be able to volunteer as an educational speaker.						
k.	I will be able to make new contacts that might help my business or career.						
l.	I will be recognized by people in my community.						
m.	I will be able to deal with a variety of people.						
n.	I will meet other people with similar interests.						
o.	I will be certified by the University of Florida Cooperative Extension.						
p.	I will learn horticulture through direct, hands-on experience.						
q.	I will be able to try new things and explore my strengths.						

SECTION 4: REFERENCES

List two persons not related to you who have definite knowledge of your qualifications. You must give complete addresses.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

SECTION 5: *Please read carefully the following statements before you sign and return this application.*

- I understand the role of a Florida Master Gardener and would like to be accepted into the program.
- I understand that if accepted that I must pay a fee of \$125.
- After I successfully complete the course of instruction, I agree to donate 50 volunteer service hours during the year in Santa Rosa County Master Gardener activities/programs.
- I authorize the contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Master Gardener or for termination after appointment.
- By submitting this application, I understand that if I work with youth, I agree to submit to a background check.
- The Institute of Food and Agricultural Sciences (IFAS) is an Equal Employment Opportunity - Affirmative Action Employer authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex, age, handicap or national origin. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A. & M. University Cooperative Extension Program, and Boards of County Commissioners Cooperating.
- Thank you for completing this application form and for your interest in volunteering with us.

Signature

Date

SECTION 6: *Please submit this complete application by November 27, 2009 to:*

**2010 MASTER GARDENER TRAINING
UF/IFAS Santa Rosa Extension Service
6263 Dogwood Drive
Milton, FL. 32570-3500**