



UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION  
 YAVAPAI COUNTY MASTER GARDENER PROGRAM  
 2010 APPLICATION FORM



Master Gardener

First/Last Name

Alternate or  
 Nickname

Address

Phone (eve):

City, Zip

E-mail:

Why do you want to become a Master Gardener?


What are your areas of interest, specialization, or hobbies related to gardening or plants (e.g. flowers, vegetables, ornamentals, house plants, fruit trees, pruning, community gardening, etc.)?


Master Gardeners are required to volunteer 50 hours serving their communities to become certified.

Please indicate the categories that especially interest you.

- Home horticulture telephone calls and visitor inquiries at the Cooperative Extension office
- Public speaking (e.g. giving horticulture talks to small groups)
- Mass Media (TV, radio, newspaper)
- Answering horticulture questions at Master Gardener information tables (e.g. Farmers Markets)
- Youth Gardening (working with schools)
- Computers (word processing, spreadsheets, Powerpoint, etc.)
- Other \_\_\_\_\_

Describe experiences you may have had in the above areas.


What other types of Master Gardener service would you like to do to fulfill your volunteer commitment?


Continued Master Gardener certification is based on volunteer hours. How many volunteer hours do you think you can devote to the Master Gardener program per year after you are certified?  
 Less than 25 hours/year \_\_\_\_\_ 25-50 hours/year \_\_\_\_\_  
 50-100 hours/year \_\_\_\_\_ More than 100 hours/year \_\_\_\_\_

Please list your previous or current volunteer experiences (examples include: schools, churches, senior citizens, youth, adults with limited capabilities, etc.); include dates and length of volunteer service.


Please list group affiliations: garden clubs, community gardens, plant societies, civic and professional organizations, etc.


How long have you resided in Yavapai County? \_\_\_\_\_

How did you learn about the Master Gardener Program? \_\_\_\_\_

Have you been a Master Gardener in another state or Arizona county? Where? \_\_\_\_\_

Limited scholarship funds are available. If you have a financial need, please attach a letter explaining your situation. Also, please state what you will do with the information you gain from the training.

I wish to enroll in the Master Gardener training program offered by the University of Arizona Cooperative Extension. I agree to a background check and to pay a one-time, non-refundable fee of \$200.00 payable on the first day of class. I understand that when I complete the fifteen weeks of classes and pass a written examination I will be an Associate Master Gardener. I also understand that in exchange for the training I will volunteer at least 50 hours of my time to the Master Gardener Program within thirteen months of completing the course, at which time I will become a Certified Master Gardener. I agree to submit monthly records of my volunteer hours and contacts.

<i>Signature</i>	<i>Date</i>
Please return to: Yavapai County Master Gardener Program U of A Cooperative Extension 840 Rodeo Dr, Bldg C Prescott, AZ 86305	