



HAMILTON COUNTY MASTER GARDENER PROGRAM

Applications for New Class Training

INSTRUCTIONS: Please print or type on this page. Please answer all questions as completely as possible.

NAME:

Last _____ First _____ MI _____ Nickname _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

E-Mail Address: _____

Daytime Phone: () _____ Evening: () _____

Work Phone: () _____ Cell: () _____

Place of Employment: _____

Your Role There: _____

If retired, what was your profession? _____

Have you previously applied to the Master Gardener program? Yes _____ No _____

The Master Gardener program is a volunteer service organization. As a service organization, new class applicants are required to submit to a background check. We are looking for individuals with the time and inclination to volunteer for different and varied programs. After your training would you:

Be able to volunteer the 50 hours for certification? Yes _____ No _____

Will you be available for class times: (Thursday, March 22 at 8am-5pm, Tuesday's 8am—5pm March 27 to May 8th and Wednesday May, 9 8am to 5pm)

Yes _____ No _____

YOUR GARDENING EXPERIENCE:

Total year of gardening experience: _____

Years of gardening experience in Hamilton County: _____

Type of gardening: Floral _____ Vegetable _____

What are you interested in and what do you hope to learn from the Master Gardener program?

Circle all that apply:

entomology, pathology, soils, nutrition, vegetables, herbs, flower gardening (annual and perennials), xeriscaping gardens, floral design, landscape design, fruit and nut production, rainwater harvesting, or other subjects _____

Please circle any of the following in which you would be interested in:

- A. Giving public presentations on gardening
- B. Working with youth on gardening
- C. Working in the Research Garden, or other gardening projects
- D. Assisting in the office during the Agent's absence

How did you find out about the Master Gardener Program? (circle one)

- Newspaper
- Word of Mouth
- Internet
- Email
- Other: _____

Is there anything else about yourself that you would like for us to know? _____

Signature

Date

To register please complete and send these forms along with payment of \$165 made payable to Hamilton County Master Gardeners Association to:

Texas AgriLife Extension Office—Hamilton County
724 S College Street
Hamilton, TX 76531

Due Back February 29, 2012

If you have any questions please call the Hamilton County AgriLife Extension Office at 254-386-3919. If do not get ten qualified applicants money will be returned and no class will be held.