

4. Do you have any teaching experience with children or adults, either in a formal classroom, one-on-one in the garden or in other settings?
___ Yes ___ No (If yes, please describe)
5. Are you employed? ___ Yes ___ Full-Time ___ Part-Time
___ No ___ Retired
6. Are you employed by any commercial horticultural organization?
___ Yes ___ No (If yes, give name of company.)
7. Have you ever worked for University of Illinois in any capacity? If so, please list position held and when.
8. Do you know anyone who is already a Master Gardener? If so, please list name(s).
9. Are you available for daytime training sessions on Thursdays, 9:00am to 4:00pm from January 22 to April 2, 2009? ___ Yes ___ No
10. When might you be available to volunteer?
___ Weekday mornings ___ Saturdays
___ Weekday afternoons ___ Sundays
___ Weekday evenings
11. How did you learn about the Master Gardener program?

12. If you are accepted for the Master Gardener Program and you complete the classroom training, you will then enter the internship/volunteer portion of the training. Trainees agree to give a minimum of 60 volunteer hours over the course of the next two years.

Please note that trainees agree to pay an additional \$225 if training is completed but:

- (1) minimum volunteer hours are not completed by the end of the 2nd year*
and
- (2) the participant has not spoken with the MG Program Coordinator and/or Horticulture Educator about an extension.*

_____ initials

Volunteer work is divided into three areas: 40 hours on the home horticulture help line, 10 hours in the display gardens and 10 hours in other service areas. The following activity list indicates various ways in which you could spend these 10 hours.

Please check the areas you find interesting:

- Talk to school groups about gardening
- Work with kids in community gardens
- Give gardening talks to local community groups (adults)
- Conduct gardening workshops
- Staff a display booth at a fair or festival
- Work at a seminar as a registrar or host
- Judge Green Thumb Vegetable Gardens
- Help with or judge horticultural exhibits at 4-H fairs
- Assist with Plant Sale
- Assist with the Garden Walk
- Plant and care for community Display Gardens

13. What kinds of volunteer projects would be the *least* comfortable for you?

14. Please list any special skills (computer, art, writing, photography, etc.), which you could contribute to the Master Gardener program.

Do you need any assistance (financial, physical, accommodation, etc) to participate in this program?

Please check the time(s) you are available to come meet with us and other new applicants to discuss your interest and the Master Gardener Program:

Tuesday, December 9, 2008

- morning
- afternoon

Wednesday, December 10, 2008

- morning
- afternoon

I verify the information provided in this application is accurate. I understand any false information may be sufficient grounds for dismissal from the Master Gardening Program.

Signature _____ Date _____

Return application by December 5, 2008 to:

**University of Illinois
Extension Macon County
Master Gardener Program
2535 Millikin Pkwy
Decatur, IL 62526
Ph: (217) 877-6042 Fax: (217) 877-4564**



UNIVERSITY OF ILLINOIS
EXTENSION

University of Illinois Extension provides equal opportunities in programs and employment. If you need a reasonable accommodation to participate in this program, please call us at 877-6042.