



**University of Illinois Extension
Master Gardener Application**

_____ I wish to become a Master Gardener and would like to be accepted into the training program. I understand that if accepted into the program, I will attend all training sessions and agree to provide at least 60 hours of service to the Master Gardener program during the coming year.

Signed _____ Date _____

Please type or print

Name (as you wish it to appear on nametag) _____

Address _____

City _____ State _____ Zip _____

County _____ Occupation _____

Telephone (day) _____ (evening) _____

OK to call at work (Y/N) Best time to call _____

E-mail Address _____

(Use additional sheets if necessary)

1. Please list any training or experience in gardening or related areas. In what area(s), if any, do you specialize (e.g. vegetables, roses, herbs)?

(OVER)

2. What are your hobbies and interests?

3. When can you volunteer? Mon____Tues____Weds____Thu____Fri____Sat____Sun____

Between 8 am – 5 pm? (Y/N) After 5 pm? (Y/N)

4. Are you currently employed? (Y/N)

If yes, what is your schedule?_____

5. Do you have any teaching experience with children or adults, either in a formal classroom or one-on-one? If yes, please describe.

6. Please list any special skills (computer, art, writing, photography, etc.) which may be useful to Master Gardener program development. _____

7. Spoken languages:_____

8. Do you have your own transportation? (Y/N)

9. Do you use the internet? If so, for what kinds of things?_____

10. How long have you lived in Illinois and in this location?_____

Optional data:

Date of Birth _____

Ethnic Background: White Hispanic Black Asian Native American