



COOPERATIVE
EXTENSION
UK K&SU
UNIVERSITY OF KENTUCKY
College of Agriculture
KENTUCKY STATE UNIVERSITY

UK COOPERATIVE EXTENSION SERVICE
University of Kentucky – College of Agriculture



MASTER GARDENER APPLICATION

Please answer each question thoroughly and thoughtfully. It is our objective to offer a quality program to committed, interested individuals. **PLEASE PRINT**

NAME: _____
(FIRST) (LAST)

ADDRESS: _____
(STREET) (CITY) (ZIP)

E-MAIL ADDRESS: _____ I CHECK IT OFTEN. Y N

PHONE: Day: _____ Best time to call: _____ a.m./p.m.
Evening: _____ Best time to call: _____ a.m./p.m.
Cell: _____ Best time to call: _____ a.m./p.m.

OCCUPATION: (CURRENT AND/OR PREVIOUS): _____

Indicate highest educational level you attained:

High School ____ Graduate School ____
Undergraduate School ____ List advanced degree _____

Do you have any special needs? If yes, please describe:

What is your interest or experience in horticulture (gardening)?

Why are you interested in becoming a volunteer?

Have you done volunteer work before? ____ Yes ____ No

If yes, when and what type:

Are you able to attend all 14 class sessions with only one excused absence? **YES NO**

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Are you willing and able to participate in a forty (40) hour internship to the Extension Service? Yes ___ No ___

When would you be able to volunteer? Days ___ Evenings ___ Weekends ___ Other ___

Please check **each** of the following volunteer experiences according to your interest.

I LIKE TO:	A Lot	A Little	Not At All
Speaking to groups	"	"	"
Speaking to individuals	"	"	"
Judge county fairs; state fair	"	"	"
Working in small groups	"	"	"
Working with the media	"	"	"
Serving in volunteer organizations	"	"	"
Write newsletter articles	"	"	"
Write subject matter fact sheets	"	"	"
Presiding at meetings	"	"	"
Organize programs/events	"	"	"
Horticulture photography	"	"	"
Camping/recreation	"	"	"
Work with community gardeners'	"	"	"
Record keeping/doing paper work	"	"	"
Organize gardening contest	"	"	"
Serving on committees	"	"	"
Develop educational exhibits	"	"	"
Typing/computer/newsletter	"	"	"
Develop posters and visual aids	"	"	"
Fund raising	"	"	"
Coordinate a demonstration garden	"	"	"
Answer gardening questions on the phone	"	"	"
Give tours of gardens	"	"	"
Other: _____	"	"	"

Would you be available for tours or demonstrations on the weekends?
 Yes ___ No ___ If yes, when? Saturday: A.M. ___ or P.M. ___

In a few words please state why you would like to become a Kentucky Master Gardener.

I wish to become a University of Kentucky Master Gardener and agree to attend the fourteen session training program. I understand that after attending all the training classes, I will participate in a forty (40) hours internship to the Cooperative Extension Service to be completed in the following 12 months. I also agree to honor the Master Gardener title and use it only in reference to Extension programs and activities and not for personal gain.

Signature

Date

Return Application and Registration fee to:
Grayson County Extension Service
ATTN: Jack Ewing
123 Commerce Drive
Leitchfield, KY 42754

Make check payable to: Grayson County Extension Service for \$100.