

University of Idaho Extension Idaho Master Gardener™ Program

APPLICATION

I would like to be considered for University of Idaho Extension's Idaho Master Gardener Program. I understand that, if accepted, I am required to complete a minimum of 60 hours of training (30 hours of basic education and 30 hours of hands-on training and directed volunteer service). The hands-on training must be completed within 6 months to 1 year of completing the classroom portion of the course (dependent on local county policy), unless prior arrangements are made with the UI Extension educator in charge.

All applicants should consider the expectations of Idaho Master Gardener service. Following certification, all Idaho Master Gardeners are committed to provide volunteer service for as long as they remain certified. Participants who are unable to participate in volunteer service after becoming certified should not sign up for the Idaho Master Gardener Program.

Name (please print)

Date

Address

Zip Code

Phone (day)

Phone (evening)

Signature

Date

How did you learn about the Idaho Master Gardener Program?

Years of gardening experience _____ Where have you gardened before moving here?

Have you ever been in a Master Gardener program in Idaho or another state? Yes No

If yes, indicate where and year(s)

Please list all horticultural education you have received (school, topics, and dates, if possible).

Please list your areas of specialization or interest (vegetables, roses, greenhouse, herbs, etc.).

Are you affiliated with any gardening clubs or horticulture-related groups? If so, please list.

Why do you wish to become an Idaho Master Gardener?

(continued)

University of Idaho Extension

Idaho Master Gardener Program

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What do you expect from this class?

How might you use your volunteer time to help others in the community?

How would you rate your “people skills” (ability to work with others)?

- Excellent Good Fair

How would you rate your gardening skills?

- Expert Intermediate Beginner

Are you knowledgeable in growing any of the following? Please check all that apply.

- | | | |
|---------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> House plants | <input type="checkbox"/> Herbs | <input type="checkbox"/> Turf |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Annual flowers | <input type="checkbox"/> Shrubs |
| <input type="checkbox"/> Tree fruits | <input type="checkbox"/> Perennial flowers | <input type="checkbox"/> Ground covers |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Ornamental trees | <input type="checkbox"/> Other (specify) _____ |

How do you receive gardening information? Please check all that apply:

- | | | |
|----------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Garden magazines | <input type="checkbox"/> Nursery/garden center personnel | <input type="checkbox"/> Family/friends/neighbors |
| <input type="checkbox"/> Newspaper articles | <input type="checkbox"/> University/college professors | <input type="checkbox"/> Garden clubs |
| <input type="checkbox"/> Extension bulletins | <input type="checkbox"/> Extension office staff | <input type="checkbox"/> Master Gardeners at extension office |
| <input type="checkbox"/> TV/cable stations | <input type="checkbox"/> Radio stations | <input type="checkbox"/> Internet |

Are you employed now? Yes No Full-time Part-time

Are you retired? Yes No Semi-retired? Yes No

Do you speak a language other than English? Yes (language) _____ No

If certified as an Idaho Master Gardener, do you give permission to UI Extension to publish your picture without additional permission and with or without accompanying personal identification (your name)?

- Yes No

Check the skills you are good at:

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Manual labor |
| <input type="checkbox"/> Computing/web design | <input type="checkbox"/> Marketing/media work |
| <input type="checkbox"/> Typing, filing | <input type="checkbox"/> Other (specify) _____ |

I would like to take this class for Academic credit (an additional fee applies)

Return this form to the University of Idaho Extension office in your county.

At the University of Idaho we respect your right to privacy and we understand that participants need to be in control of their personal information. "Personal information" includes, but is not limited to, name, address, telephone number and e-mail address. The University of Idaho does not sell, rent, swap or otherwise disclose any of this information other than for the sole purpose of Civil Rights reporting.