

**Cottonwood Extension District**  
**MASTER GARDENER PROGRAM**

2018 Application

County \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Office): \_\_\_\_\_

Mission: The **Cottonwood Extension District** *Master Gardener Program* is a volunteer organization designed to provide the public with sound horticultural information.

Guidelines for *Master Gardener Program* Participation: Admission to the *Master Gardener Program* requires that the applicant:

- ◆ Be an **Cottonwood District** resident, or agree to repay your commitment of Volunteer service in **Cottonwood Extension District**.
- ◆ Have a high school diploma or equivalent.
- ◆ Possess a broad interest in horticulture.
- ◆ Support the objectives of the *Master Gardener Program* and the Extension Programs of the **Cottonwood Extension District**.
- ◆ Be able to read and comprehend an extensive notebook of support materials to be used for future reference.
- ◆ Complete the basic *Master Gardener Training Course*.
- ◆ Complete the 40 hours of volunteer work with Extension Agent-approved projects by December 31<sup>st</sup> following basic course completion.
- ◆ Continuation as a *Master Gardener* in good standing requires completion of 8 hours of Advanced Master Gardener training and a minimum of 20 volunteer hours annually.

Present Occupation:

Employed Full Time: \_\_\_\_\_

Homemaker: \_\_\_\_\_

Employed Part Time: \_\_\_\_\_

Retired: \_\_\_\_\_

Will your employment or other regular commitments allow you to be available to participate in the Basic *Master Gardener Training Course* and in required volunteer activities? Yes \_\_\_ No \_\_\_

Gardening Experience: Please describe any training courses or experience you have had in gardening.

Check area (s) of specialization or experience:

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Annuals        | <input type="checkbox"/> House Plants | <input type="checkbox"/> Trees and Shrubs       |
| <input type="checkbox"/> Art or drawing | <input type="checkbox"/> Landscaping  | <input type="checkbox"/> Vegetables             |
| <input type="checkbox"/> Computers      | <input type="checkbox"/> Lawn Care    | <input type="checkbox"/> Water Gardening        |
| <input type="checkbox"/> Fruit          | <input type="checkbox"/> Perennials   | <input type="checkbox"/> Writing                |
| <input type="checkbox"/> Herbs          | <input type="checkbox"/> Photography  | <input type="checkbox"/> Other (please explain) |

Garden Group Affiliation(s):

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Other associated volunteer activities:

**Your role as a *Master Gardener*:**

As a trained *Master Gardener*, how would you rank your enjoyment of the following types of activity: (1 indicates the most enjoyable, 5 the least)

	Research some horticultural topic and prepare an article or report on your findings.
	Participate in a discussion group with other <i>Master Gardeners</i> .
	Lead a discussion with neighbors on gardening practices.
	Instruct a class on pruning fruit trees or some other specific topic.
	Teach young children about gardening basics.
	Organize a neighborhood growing group.
	Work in a garden.
	Design and plant a garden.

Explain briefly why you wish to become a *Master Gardener*.

If KSU and Extension scientific research and experience indicate benefits from the use of chemical compounds for specific horticultural purposes, would you recommend their use to gardeners who are seeking your advice even though you may personally oppose the use of any chemical interventions? (If your answer is no, please explain).

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Thank you for your interest in the *Master Gardener Program* and for completing the application. It will be carefully considered and you will be contacted mid-January.

Please be sure to sign the application.

### **AGREEMENT**

I wish to become a **Cottonwood Extension District** *Master Gardener Trainee* and would be available for the training session which begins January 31, 2018 and continues each Tuesday from 9:00 am to 4:00 pm through March 21, 2018. Trainings will be held at the Cottonwood Extension District Great Bend Office, 1800 12<sup>th</sup> Street, Great Bend KS.

I understand that if accepted into the Training Program, I am entering into a contract to return 40 hours of volunteer time in communicating research-based horticultural information to the public by December 31<sup>st</sup>, following the basic training course completion. I further understand that continuation as an active *Master Gardener* in good standing requires completion of both 8 hours of *Advanced Master Gardener Training* and a minimum of 20 volunteer hours annually. I also understand that I may be asked to assist with transportation to the training and will be required to pay a fee of \$90.00 to help cover costs of the *Master Gardener* notebook and meeting expenses.

*Master Gardener* volunteers may not participate in the **Cottonwood Extension District** *Master Gardener Program* for personal gain or for commercial recommendations or endorsements. *Master Gardeners* are expected to provide recommendations based on research-based information and to provide educational program assistance in support of the general County / District Extension education program.

***Master Gardeners* operate under the control of a trained Extension professional responsible for monitoring their performance and the progress of their continuing education.**

Signed,

\_\_\_\_\_  
Master Gardener Applicant

\_\_\_\_\_  
Date

**RETURN THIS APPLICATION TO COTTONWOOD EXTENSION DISTRICT**