

Master Gardener Application Form

NAME _____

ADDRESS _____

E-MAIL _____

PHONE (home) _____ (work) _____ (cell) _____

Years of gardening experience: Where:

List your top three areas of gardening interest. (Vegetables, roses, perennials, photography, insects, etc.)

List any gardening groups in which you are, or have been, active.

List gardening magazines or other resources you currently receive.

List any formal training in horticulture/gardening.

List programs/services you have received or participated in from the Extension Service.

List volunteer roles you are most interested in performing.

List any special skills you have that might be used in a volunteer capacity. (Computers, teaching, carpentry, etc.)

Indicate the best day of the week and time for you to do volunteer work.

List previous work experiences that might assist you in the Master Gardener program.

The Master Gardener program is a service organization that specializes in educating the public in horticulture. Please describe any experiences you have had in other volunteer organizations:

Name of Organization(s):

What you contributed:

Time you contributed:

What you enjoyed most about the work:

Have you ever been interviewed for the Master Gardener program before? When/Where

Do you have a pending criminal charge OR have you ever been convicted of a felony, made a plea of guilty, no contest or accepted a deferred judgment relating to a felony, or are you or have you been required to register your name and home address with a local or state law enforcement agency? (Misdemeanor and traffic offenses do not need to be disclosed.)

If you answered yes to the above question, please explain below.

_____ Yes I am still interested in the Master Gardener Program but do not have the time to devote to it this year.
Please contact me with information again next year.

- I wish to become an ISU Dubuque County Extension Master Gardener and would like to be accepted into the Master Gardener training program. I understand that the applications will be screened to select the best candidates to assist with consumer horticulture education.
- If accepted for Master Gardener training I will receive 40+ hours of training in home horticulture and I agree to volunteer a minimum of 40 hours of public service, within one year after class completion, to ISU Dubuque County Extension Service. Additionally, I will maintain my certification by completing 9+ hours of volunteer service and 6+ hours of continuing education (after the first year) each year for as long as possible to facilitate program planning.
- I am willing to accept the challenge for personal development and satisfaction derived from helping others, by volunteering my time to the ISU Dubuque County Extension Master Gardener Program. The fees for service will be used to off-set direct expenses and to support the Master Gardener County Extension Program.
- I understand that a background check (felony criminal history, sex offender registry, and driving record check) will be required before I engage in Master Gardener volunteer service that includes any direct contact with participants under the age of 18 at any time.

Signature _____ Date _____

NOTE: ISU Dubuque County Master Gardeners provide rebates and scholarships for first-year participants who successfully complete all requirements. All applications are confidential. For more information, contact Dubuque County Extension: 563.583.6496.

Iowa State University Extension programs are available to all without regard to race, color, age, religion, national origin, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Compliance, 3280 Beardshear Hall, (515) 294-7612.