Master Gardener Program Application Form

Please type or print:

Name _____________________________________________ County ___________________________

Address _____________________________________________________________________________

Phone (home)____________________ cell __________________ work____________________

Email address_________________________________________________________________

Describe your personal experiences, interests, and/or training in gardening:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List your areas of specialization (i.e., roses, vegetables, trees, houseplants, fruits, etc.):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why do you want to become a Master Gardener:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List your other volunteer/community service programs that you are or have been affiliated with (i.e., Red Cross, church, booster club, 4-H, etc.):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Identify any skills you might have, unrelated to horticulture that would be useful in the Master Gardener Program (computer skills, etc):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 ____________________________________________________________________________

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.

I, also, understand that if I enroll in the Master Gardener training, I will be expected to devote a minimum of 40 hours of horticulture-related community service through the ISU Extension Service in Jones County.

Signature _____________________________________________  Date __________________________

Return application to: Kim Miller – Master Gardener Coordinator
ISU Extension-Jones County
800 N Maple St P O Box 28
Monticello IA 52310