



**MASTER GARDENER CORE COURSE TRAINING APPLICATION
UNIVERSITY OF MISSOURI EXTENSION – PULASKI COUNTY**

I wish to become a Master Gardener and would like to attend the training program. I will agree to provide at least 30 hours of service to the Master Gardener program after the start of training and before the end of the year 2017.

Signed: _____

Please type or print:

Name (as you wish it to appear on nametag): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____

E-mail: _____

(Use additional sheets if necessary)

1. Please list any training or experience in gardening or related areas. In what area(s), if any, do you specialize (e.g. vegetables, roses, herbs)?

2. Why do you wish to take the Master Gardener training?

3. How do you plan to use the training you receive? What type of volunteer projects would interest you?

4. How did you learn about the Master Gardener program?

5. Master Gardener activities span a broad range of community service. What times during the coming year would you **not** be available due to personal, job, or other commitments?

6. Please rate your experience in the following areas. Use 1=experienced, 2=know a little, 3=none

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Houseplants | <input type="checkbox"/> Herbs | <input type="checkbox"/> Trees | <input type="checkbox"/> Missouri natives |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Fruits | <input type="checkbox"/> Perennials | <input type="checkbox"/> Organic gardening |
| <input type="checkbox"/> Lawns | <input type="checkbox"/> Shrubs | <input type="checkbox"/> Annuals | <input type="checkbox"/> Roses |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Insects | <input type="checkbox"/> Plant diseases | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Fertilization | <input type="checkbox"/> Home greenhouses | |

7. Please describe any previous volunteer or teaching experiences.

8. Please list any special skills (computer, art, writing, photography, etc.) you have which may be useful to Master Gardener program development.

9. What kinds of volunteer projects would be the least comfortable for you to do?

10. What do you feel are particular concerns and needs of home gardeners?

Please return this application with payment of the course fee (\$145.00) or (\$175) which includes the core manual fee (\$30.00) *to:

REGISTRATION DEADLINE: AUGUST 16, 2016

**Pulaski County Extension Center
403 School Street, Suite 1
Waynesville, MO 65583
Phone: 573-774-6177
Email: pulaskico@missouri.edu**

***The materials in the core manual are required for the class. They are available online at no additional charge.**



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