

**UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION  
SAN LUIS OBISPO COUNTY  
MASTER GARDENER APPLICATION, CLASS OF 2010**

NAME \_\_\_\_\_ Nickname: \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

Please complete the following questions about your experience and interests. Please print clearly. If you need more room, continue your answer on a separate piece of paper.

1. Why do you want to become a University of California Master Gardener?

\_\_\_\_\_

\_\_\_\_\_

2. The Master Gardener Program is an active ongoing volunteer organization. Please list your previous and current *volunteer* experiences and how long you have been involved with each activity.

Name of Organization                      How Long have you been Involved?      How often do You Volunteer?                      Role/ Activities?

	<input type="checkbox"/> Less than 6 Months <input type="checkbox"/> 6 Months - 1 Year <input type="checkbox"/> 1-3 Years <input type="checkbox"/> More than 3 Yrs	<input type="checkbox"/> 4 Hours or Less a Month <input type="checkbox"/> 2-3 Hours a Week <input type="checkbox"/> 4 or More Hours a Week	<input type="checkbox"/> Leadership <input type="checkbox"/> Fundraising <input type="checkbox"/> Publicity <input type="checkbox"/> _____
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3. Master Gardener activities are varied. In order to complete your 50 required hours of volunteer work, what hours are you most likely to be available for participation?

Unlimited:

Limited:  Weekends:  Morning

Afternoon

Evening

Weekdays:  Morning

Afternoon

Evening

4. In what types of Maser Gardener work would you like to participate in order to complete your 50 hours of volunteer work?

Please check as many as apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Organization/ Leadership                  | <input type="checkbox"/> Fund-raising                          | <input type="checkbox"/> Office Tasks                                       |
| <input type="checkbox"/> Answering Public Service Calls (Helpline) | <input type="checkbox"/> Developing Education program for MG's | <input type="checkbox"/> Member Website Maintenance                         |
| <input type="checkbox"/> Answering E-Mail Inquiries                | <input type="checkbox"/> Writing Articles/Preparing Materials  | <input type="checkbox"/> Writing Monthly Newsletters                        |
| <input type="checkbox"/> Farmer's Market Booths                    | <input type="checkbox"/> Public Presentations/Demonstrations   | <input type="checkbox"/> Mentoring Teachers/Consulting w/<br>school gardens |
| <input type="checkbox"/> Garden Club Liaison                       | <input type="checkbox"/> Demonstration Garden                  |   |

5. The UCCE Master Gardeners of SLO County have priorities for developing community programs for garden based learning. Do you have interests or expertise in working with adults in demonstration gardens or mentoring teachers with school gardens?

\_\_\_\_\_  
\_\_\_\_\_

6. What is your previous *gardening* experience/ knowledge?

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any specialties or favorite plants?

\_\_\_\_\_  
\_\_\_\_\_

8. How did you learn about the Master Gardener Program? Please be specific so we can improve our outreach program.

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Friend    | <input type="checkbox"/> Farmer's Market | <input type="checkbox"/> Gardening Event |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website         | <input type="checkbox"/> Other _____     |

I wish to be accepted into the Master Gardener training and certification program offered by the University of California Cooperative Extension. I understand that I will become a certified Master Gardener when I complete the four and a half month training course with no more than one absence, make a brief presentation, pass the written final examination, and perform a minimum of 50 hours of Community Service within one calendar year after my training. Part of the course may involve a field trip that would require prolonged walking and standing. Please be aware that individuals wishing to work in the Master Gardener program will need to participate in background checks that include fingerprinting. The cost of fingerprinting is approximately \$15.00. I understand that if I am accepted into the program there will be a \$85.00 fee for books, materials, badges and guest speakers payable at the first class meeting.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS FOR THE MASTER GARDENER CLASS OF 2010 ARE DUE NO LATER THAN NOVEMBER 20, 2009. APPLICATIONS RECEIVED AFTER NOVEMBER WILL BE HELD FOR THE NEXT CLASS. NO EXCEPTIONS. PLEASE SUBMIT COMPLETED APPLICATIONS TO:**

**UCCE Master Gardener Program  
Attn: Nancy Hartwick  
2156 Sierra Way, Suite C  
San Luis Obispo, CA 93401**

Applicant interviews will be scheduled by telephone during December or early January. Class begins Thursday, February 18 and will be held Thursday afternoons, from 1:30 to 4:30 p.m. Graduation date is June 24, 2010.

The University of California prohibits discrimination or harassment of any person in any of its programs or activities. (Complete nondiscrimination policy statement can be found at [http://groups.ucanr.org/ANR\\_AA/files/54635.doc](http://groups.ucanr.org/ANR_AA/files/54635.doc))

Direct inquiries regarding the University's nondiscrimination policies to the Affirmative Action Director, University of California, ANR, 1111 Franklin St., 6<sup>th</sup> Floor, Oakland, CA 94607, (510) 987-0096.

