

## Extension Master Gardener Volunteer Program – Application

We're excited you're interested in joining our gardening community! Please complete this form so we can get to know you, your interests, and how you'd like to share your love of plants with others.

**Name:**

**Preferred name/nickname:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:** (Home)

(Work)

**Best time to call:**

**Email:**

**Employment status** (check one):

Retired

Working full-time

Working part-time

Not currently employed for pay

**Highest education level** (check all that apply):

High school

Some college

College degree

Advanced degree

### Gardening background

- Years of gardening experience in this area
- Your top three areas of gardening interest (examples: vegetables, roses, native plants, houseplants):
  - 1.
  - 2.
  - 3.
- Gardening groups you're currently active in:

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- Gardening resources you enjoy (TV, magazines, youtube, blogs, websites, books):

- Any formal gardening training or courses you've completed:
-

## Volunteer interests & skills

- Volunteer activities you're most interested in:
- 

- Special skills that could be helpful in your volunteer work (examples: public speaking, teaching, writing, computers, photography, graphic design):
- 

- Best day(s) and time(s) for you to volunteer (example: Friday mornings):
- 

- Why would you like to become an Extension Master Gardener Volunteer?
- 

- Previous volunteer experience:
- 

## Technology and Access

Do you have a computer, Chromebook, or tablet for USB drive?    Yes            No

Do you have Internet?    Yes            No

## Agreement

I wish to participate in the Extension Master Gardener Volunteer Program. I understand that applications will be reviewed to select the best candidates for helping with consumer horticulture education. If accepted, I agree to volunteer a minimum of **40 hours** of service to the Cooperative Extension Service within one year after completing the training. I understand there will be a course fee, background check, required orientation, and attendance of at least 10 sessions.

**Signature:**

**Date:**

**Please return completed applications to:**

Carla Smith

14001 Acme Road, Shawnee, OK 74804

405-273-7683            carlasm@okstate.edu



**POTTAWATOMIE COUNTY  
EXTENSION**