

Master Gardener Volunteer Application

There are many ways you can contribute to the Master Gardener Volunteer Program. The information you provide on this form will help us find the most satisfying and appropriate volunteer opportunity for you. Your cooperation in completing this form is appreciated.

Name_____

Address_____

Telephone (home)_____ (other)_____

Best time to contact_____

What are you hoping to get out of the experience of training and volunteering in the Master Gardener Program?

What is your favorite type of gardening?

In which type of gardening do you feel you have the least experience?

When are you available to volunteer? Please circle the days you are available and write the time you are available next to the day.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

How do you plan to meet the 50 hrs for this program? (Please see the enclosed copy of the bylaw criteria for the Master Gardener Program)

Interests (Please mark each item according to your level of interest.)

| What I like to do | All the time | Most of the time | A little | Not at all |
|--------------------------------------|---------------------|-------------------------|-----------------|-------------------|
| Take responsibility | | | | |
| Speak to groups | | | | |
| Speak to other gardeners | | | | |
| Meet people | | | | |
| Look up Information | | | | |
| Write letters/instructions | | | | |
| Draw and sketch | | | | |
| Surf the internet | | | | |
| Talk on the telephone | | | | |
| Guide children | | | | |
| Help the elderly | | | | |
| Assist with the disabled | | | | |
| Lead discussion groups | | | | |
| Take notes | | | | |
| Attend lectures | | | | |
| Do gardening | | | | |
| Talk about gardening | | | | |
| Make decisions | | | | |
| Follow instructions | | | | |
| Teach | | | | |
| Work independently | | | | |
| Work with one or two others | | | | |
| Improving your community | | | | |
| Improving you own garden | | | | |
| Conduct telephone interviews/surveys | | | | |