



REGISTRATION

I understand the title Master Gardener is conditional upon receiving training, performing 40 service hours and reporting those hours. Master Gardeners are expected to use only University of Tennessee-approved recommendations. The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

Applicant's Signature _____

(PLEASE TYPE OR PRINT)

Name _____ Date _____

Mailing Address _____

City _____ Zip Code _____

Telephone _____ E-Mail _____

Please list any times you would not be available for volunteer work (work schedules, anticipated trips, other commitments)

Training and education completed

- _____ High school
- _____ Technical/trade school
- _____ 2-year community college (major studies)
- _____ 4-year college (major studies)
- _____ Horticulture degrees, certification or training

Practical gardening experience (personal, volunteer or work experience)

Years of gardening experience? _____

Which of these do you consider to be your areas of expertise?

- | | |
|---------------------------|------------------------------------|
| _____ Vegetable gardening | _____ Lawns & turfgrass |
| _____ Flower gardening | _____ Community gardens |
| _____ Herb gardening | _____ Landscape design |
| _____ Trees/shrubs | _____ Water-conservation gardening |
| _____ Native plants | _____ Diseases/insects |
| _____ Wildlife gardening | _____ Other _____ |
| _____ Houseplants | |
| _____ Ornamental ponds | |

APPLICATION CONTINUED

Other volunteer experience in your community _____

What are your volunteer activity interests (check all that apply)?

- Telephone/office work at county Extension office
- Teaching/public speaking
- Writing/publishing/ proofreading
- Photography
- Web development
- Computers
- Artwork, displays
- Marketing/fundraising
- Research/data collection
- Other _____

Check all that apply. I would like to work with:

- Youth
- Senior citizens
- Those with disabilities
- Home gardeners
- Others _____

Why do you wish to become a Master Gardener volunteer? _____

Do you have a health or medical condition that we need to accommodate for training? _____

If so, please explain required accommodations. _____

Are you able to speak or write in a language other than English? _____

Please list (including American Sign Language). _____

Have you ever been convicted of a felony? _____

If yes, please give the date, nature and disposition of the offense. _____

Please note: A criminal record will be considered as it specifically relates to the volunteer position. A criminal record may prevent an individual from volunteering on specific projects, depending on the nature of the offense.

Reference: Please list a non-family member who has knowledge of your skills, abilities and qualifications. This individual should have worked with you on projects and activities and/or have direct experience with knowledge of your qualifications. Please provide a complete address and phone number.

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

I authorize the Extension office to contact my listed reference. I understand that a criminal background check may be completed prior to final acceptance of this application. I understand that misrepresentation or omission of required information may disqualify my application to volunteer for University of Tennessee Extension. I understand that I serve at the satisfaction of University of Tennessee Extension and agree to abide by the policies of UT Extension and the Tennessee Master Gardener Program to the best of my abilities.

Applicant's Signature _____ Date _____