

2017-2018 Volunteer Program Application

Name _____ Date _____
 Mailing Address _____
 City _____ Zip Code _____
 Telephone _____ E-mail _____

What is your present occupation and/or family responsibility? Describe time constraints. Please include your hours and days of work.

Below please indicate by a check (√) your preferred times to do your volunteer work.

	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Below rate your preference for kinds of volunteer work
 (1 least preferred; 5 most preferred)

Telephone/ office work at Extension Service Office	1	2	3	4	5
Teaching small groups	1	2	3	4	5
Teaching large groups	1	2	3	4	5
Teaching children/ teens	1	2	3	4	5
Teaching adults/ senior citizens	1	2	3	4	5
Newsletter editing/layout	1	2	3	4	5
Writing articles for newsletter/newspaper	1	2	3	4	5
Public relations/publicity	1	2	3	4	5
Working on landscaping projects	1	2	3	4	5
Photographing plants/ horticultural activities	1	2	3	4	5

Please list any previous volunteer work you have done. Specify organization, type of work and dates. _____

How did you learn about the Master Gardener Program? _____

What do you consider to be your areas of expertise? Please rank your expertise on a scale of 1 to 5, 1 being low and 5 being high.

- | | |
|---|--|
| <input type="checkbox"/> Vegetable Gardening | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Flower Gardening | <input type="checkbox"/> Diseases/insects |
| <input type="checkbox"/> Herb Gardening | <input type="checkbox"/> Water conservation gardening |
| <input type="checkbox"/> Trees/shrubs | <input type="checkbox"/> Speaking to groups |
| <input type="checkbox"/> Native Plants | <input type="checkbox"/> Writing articles on gardening |
| <input type="checkbox"/> Wildlife Gardening | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Houseplants | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Ornamental ponds | _____ |
| <input type="checkbox"/> Lawns and Turf Grass | _____ |
| <input type="checkbox"/> Community gardens | _____ |

Please list group affiliations (garden clubs, professional or hobby associations, plant specialty societies or clubs, etc.)

What horticultural experience or training have you had? (credit or non-credit courses, workshops, etc.) _____

Why do you wish to become a Master Gardener?

Programs in agriculture and natural resources,
4-H youth development, family and consumer sciences,
and resource development.
University of Tennessee Institute of Agriculture,
U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.

