



BASTROP COUNTY MASTER GARDENERS



P. O. Box 650, Bastrop, Texas 78602
class@bcmga78602.org

APPLICATION for MASTER GARDENER TRAINING CLASSES

See website for next class dates!

INSTRUCTIONS: Please print clearly and return to the above address or email. If you have any questions, please contact us at class@bcmga78602.org

NAME: Last _____ First _____ MI _____

NAME FOR NAME BADGE: _____

MAILING ADDRESS: Street or P.O. Box _____

City _____ County _____, Texas, Zip _____

CONTACT INFORMATION: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Place of Employment (if applicable): _____

If retired; what was your profession? _____

COMMITMENT:

Will you agree to a background check? Yes _____ No _____

The Bastrop County Master Gardeners is a volunteer service organization. Will you be able to commit to fifty (50) hours of volunteer service upon the completion of course work in twelve months? And an additional twenty-five (20) hours along with six (6) Continuing Education Hours each subsequent year?

Yes _____ No _____

Will you be available to attend all classes per the schedule provided? (schedule subject to change; make up classes are available)

Tuition Fee: **\$185.00 (includes Texas Master Gardeners Handbook) – deadline for enrollment can be found on the website.** You will receive a confirmation email or phone call.

AREAS OF SPECIAL INTEREST OR TALENT: Please check your areas of interest or expertise. This information may be helpful to us later. What special talents/skills do you have (computer, photography, typing, art, public speaking, teaching, etc.?)

Administrative/Board/Committee ___ Greenhouse/Propagation ___ Demonstration Garden ___ Newsletter ___

Computer/website ___ social media ___ Gardening with Elderly/Disabled ___ Insects/Plant Diseases ___

Public Relations ___ Gardening with Youth ___ Photography/Videography ___ Publicity ___ Water Conservation/Xeriscape ___

Home Food Production ___ Organic Gardening ___

How did you learn about the Texas Master Gardener Program? _____

Years of gardening in the Bastrop County: _____ Years of overall gardening experience: _____
Type of gardening: vegetables, fruit & nut, landscaping, etc. _____

Describe your experience with related fields such as entomology, pathology, soils, nutrition, botany, etc:

Do you belong to any garden clubs? Please list. _____

Do you have other special skills that should be considered? _____

Why are you interested in the Bastrop County Master Gardener program? _____

Why do you want to become a Master Gardener? _____

OBJECTIVES OF THE MASTER GARDENER PROGRAM:

- Expand the capacity of the Texas A&M AgriLife Extension Service to distribute horticultural information to individuals and groups in the community.
- Develop and enhance community programs related to horticulture. Depending on community needs, these may be through news articles, clinics, presentations to garden clubs, schools, and other community groups, and by telephone contacts.

AGREEMENT: I understand and agree that if accepted into the program I must attend all scheduled classes. I also understand that I will become a Certified Master Gardener only when each of the following are completed:

- 1) My background check has been cleared and filed with Bastrop County Master Gardeners
- 2) Completed the 50-hour course and pass the final exam.
- 3) Completed the 50 volunteer hours on approved Bastrop County Master Gardener projects within 1 year of completing the class.
- 4) Pay prorated dues to BCMGA upon completion of above requirements.
- 5) I understand that educational programs conducted by the Texas AgriLife Extension serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin.
- 6) I understand that each year I must complete 20 volunteer hours on approved Bastrop County Master Gardener projects and 6 Continuing Education Units and pay dues timely to continue as a Certified Master Gardener.

I further pledge not to use my Texas Master Gardener Certification to promote any commercial venture.

Signature

Date