



BELL COUNTY MASTER GARDENER PROGRAM

Application for New Class Training

INSTRUCTIONS: Please print or type and answer all questions as completely as possible.

Last Name _____ First Name _____ MI _____

Preferred Name _____

Mailing Address: _____

City: _____ County: _____ Zip _____

Email Address _____

Daytime Phone: (_____) _____ Evening: (_____) _____

Work Phone: (_____) _____ Cell: (_____) _____

Place of Employment: _____

Your Role There: _____

If retired, what was your profession? _____

Have you previously applied to the Master Gardener program? Yes _____ No _____

The Master Gardener program is a volunteer service organization. As a service organization, new class applicants are required to submit to a background check. We are looking for individuals with the time and inclination to volunteer for different and varied programs. After your training, would you:

- 1) Like to serve as a resource person for a classroom garden at an elementary or middle school for a growing season? Yes _____ No _____
- 2) Like to help develop a horticultural presentation on a topic of your choice and be willing to speak to garden clubs, schools or other groups requesting information on the subject?
Yes _____ No _____
- 3) Like to work on community beautification activities and landscaping projects?

4) Like to do organizational work, such as helping with the Master Gardener New Class preparation, the Master Gardener newsletter, photography, writing or editing articles for the newspaper, etc.

Yes _____ No _____

If yes, please elaborate: _____

When would you be available to volunteer for projects?

Mornings _____ Afternoons _____ Evenings _____ Weekends _____

Will you be able to volunteer **50** hours for certification? Yes _____ No _____

Will you be available on Wednesday afternoons for the training class January thru May?

Yes _____ No _____

Please mark your degree of interest in these sample volunteer projects:

Mark "H" for high. "A" for average . "L" for low.

1. Junior Master Gardener classroom gardens: _____
2. Computer work for Master Gardener website: _____
3. Newsletter editor or writer: _____
4. Floral demonstration gardens: _____
5. Vegetable demonstration gardens: _____
6. Plant sales: _____
7. Work with children: _____
8. Greenhouse plant propagation: _____
9. Greenhouse plant maintenance: _____
10. Greenhouse grounds landscape development: _____
11. Greenhouse grounds landscape maintenance: _____
12. Public relation (newspapers, TV, radio) _____
13. Showing your garden: _____
14. Public speaking: _____

YOUR GARDENING EXPERIENCE:

Total years of gardening experience: _____

Years of gardening in Bell County: _____

Type of gardening: Floral _____ Vegetable _____

What are you interested in and what do you hope to learn from the Master Gardener program?

Circle all that apply:

Entomology Pathology Soils Nutrition Vegetables Herbs

Flower gardening (annuals or perennials) Xeriscape gardening

Floral design Landscape design Fruit and nut production

Other subjects _____

Do you belong to any garden clubs or plant societies? If so, which one(s) _____

Is there anything else about yourself that you would like for us to know? _____

Signature

Date

Return this completed form with your \$250.00 payment as soon as possible

Please make checks payable to Bell County Master Gardeners Association (BCMGA)

Bell County Master Gardener Training

c/o Bell County Agrilife Extension Office

1605 North Main, Room 102

Belton, TX 76513

If you have any questions, please call the Bell County Agrilife Extension

Office at: 254-933-5305 or 1-800-460-2355, ext. 5305 or 5306