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## Bluebonnet Master Gardener Volunteer Program Application

Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate (year not necessary) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Former or Current Employer \_\_\_\_\_

Occupation \_\_\_\_\_

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How did you learn of the Master Gardener Volunteer Program?

Newspaper \_\_\_\_\_ Current Master Gardener \_\_\_\_\_ Other \_\_\_\_\_

Have you applied to the Master Gardener program before?    Yes                    No

If yes, when did you apply? \_\_\_\_\_

County of Residence \_\_\_\_\_

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Previous volunteer experience

Organization \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Volunteer Duties \_\_\_\_\_

Organization \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Volunteer Duties \_\_\_\_\_

Organization \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Volunteer Duties \_\_\_\_\_

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What other clubs or organizations do you belong to? \_\_\_\_\_

What are your hobbies or interests? \_\_\_\_\_

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Why do you want to become a Master Gardener? Attach additional paper if needed.

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I wish to become a Bluebonnet Master Gardener and would like to be accepted into the training program. I understand that this a volunteer program and if I am accepted into the program and if I successfully complete the course, I will donate at least 50 hours of public service within the next 12 months through the Bluebonnet Master Gardener Volunteer Program.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please make checks payable to

**Bluebonnet Master Gardener Association**

and mail to:

Texas A&M AgriLife Extension Service - Fayette County  
255 Svoboda Lane, Ste. 134  
La Grange, Texas 78945

Applic. Rec'd \_\_\_\_\_ Payment rec'd \_\_\_\_\_ ck no. \_\_\_\_\_