

2026 Victoria County
Master Gardener Application

Name: (First) _____ (Last) _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Email: _____ Phone: _____

Please complete the following:

Years of Gardening Experience: _____ Years Living in Current County: _____

Types of experience and related training: _____

Please list any areas of expertise, specialization, or hobbies
(flowers, vegetables, ornamentals, house plants, community gardening, fruit trees, or other.)

Please list any experience you have working with any of the following groups/organizations.
(civic/community, schools, youth groups, churches, senior citizens, hospitals, halfway houses, or other)

Please list any garden related affiliations – garden clubs, community gardens, plant societies, or other:

How did you learn about the Master Gardener Program? _____

Why do you want to become a Master Gardener? _____

Are you presently employed? (Check Yes or No) Yes _____ No _____

If yes, please tell us where. _____

By completing this application and signing below, I understand the requirement to complete the 50 hours of classroom education and 50 hours of volunteer service to become a Certified Master Gardener.

Signature: _____ Date: _____

Please complete this application and submit to:
Texas A&M AgriLife Extension Service – Victoria County
Kara Matheney – CEA Ag/NR
528 Waco Circle, Victoria, TX 77904 Phone:361-575-4581