



HARRIS COUNTY MASTER GARDENER CLASS at Precinct 2 Fall 2008 Volunteer Training Application

Class Information

Dates: September 16–October 28, 2008
 Days: Every Tuesday and Thursday
 Times: 8:30 a.m.–2:30 p.m.
 Location: Harris County Precinct 2 Road Camp
 1202 Genoa Red-Bluff Rd, 77034

Instructions and Fee:

Make \$150 check payable to: HCMGA
 Return application and check to:

Texas AgriLife Extension
 attn: Sheronda Bryant
 3033 Bear Creek Dr.
 Houston, TX 77084

PART I:

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City/State Zip

HOME PHONE _____ PRECINCT (circle one) 1 2 3 4

WORK PHONE _____ COUNTY _____

E-MAIL _____ ARE YOU OVER 18? _____

PART II: PERSONAL INFORMATION

1. How did you find out about the Master Gardener program? _____

2. Will you be able to attend the 13 required classes (6 weeks, 8:30 a.m.–2:30 p.m.)? _____

3. Will you be able to do 60 hours of volunteer work in the next year? _____

4. Have you ever participated in a Master Gardener program? _____
 If so, when and where?

5. Briefly, what type of volunteer work have you done in the past?

6. Why do you want to become a Master Gardener?

7. Please list any garden club, plant society, or other horticulture organization(s) to which you belong(ed).

8. How long have you lived in the Houston area? _____

9. How long have you gardened in the Houston area? _____

10. How long have you gardened? _____

11. Do you have any special horticultural expertise (vegetable gardening, roses, cacti, etc.)?

12. Mark your special skills, training, interests below:

<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Construction	<input type="checkbox"/> Other Skills and Experience
<input type="checkbox"/> Writing	<input type="checkbox"/> Carpentry	_____
<input type="checkbox"/> Computer	<input type="checkbox"/> Graphic Arts	_____
<input type="checkbox"/> Photography	<input type="checkbox"/> Grant Writing	_____

13. Given the proper training, would you object to recommending the use of chemical products to the public? _____

PART III: MASTER GARDENER AGREEMENT

I wish to become a Master Gardener. I have read the material that I received along with this application and understand the purpose and function of the Master Gardener program as stated therein. I am expected to attend all training classes and must pass all examinations before being allowed to work as a Master Gardener. I agree to donate a minimum of 60 hours of volunteer service, not working in a paid capacity.

MAKE \$150 CHECK PAYABLE TO: HCMGA
 Return application and check to:
 Texas Agrilife Extension
 attn: Sheronda Bryant
 3033 Bear Creek Dr.
 Houston, TX 77084

Signature _____ Date _____