

KENTUCKY MASTER GARDENER APPLICATION

Please answer each question thoroughly and thoughtfully. It is our objective to offer a quality program to <u>committed</u>, <u>interested</u> individuals. PLEASE PRINT

NAME:		
(FIRST)	(LAST)	
ADDRESS:(STREET)	(CITY)	(ZIP)
E-MAIL ADDRESS:		OFTEN? Yor N
PHONE: Day:	Best time to call:	a.m./p.m.
Evening:	Best time to call:	a.m./p.m.
Cell:	Best time to call:	a.m./p.m.
OCCUPATION: (CURRENT AND/OR PR	,	
Indicate highest educational level you atta High School Undergraduate School	nined: Graduate School List advanced degree	
Do you have any special needs? If yes, p	olease describe:	
What is your interest or experience in hort	iculture (gardening)?	
Why are you interested in becoming a vol	unteer?	
Have you done volunteer work before? If yes, when and what type:	Yes No	

Are you able to attend all 8-14 class sessions with only one excused absence? YES NO							
What times would be best to offer the training class? (Circle all that apply)							
9am-12pm weekdays	1pm-5pm weekdays		4-8pm wee	4-8pm weekdays			
9am-3pm weekdays	10am-4pm Sat.						
Please circle all days that you Mon Tues Wed Thurs	are available Fri Sat	to attend th	e training cours	e.			
Are you willing and able to par Yes No	ticipate in a f	orty (40) hou	ur internship to tl	he Extension Se	rvice?		
When would you be able to vo		ekends	Other				
Please check <u>each</u> of the follo	wing volunte	er experiend A Lot	ces according to A Little	your interest: Not At All			
Speaking to groups							
Speaking to individuals							
Judge county fairs; state fair							
Working in small groups							
Working with the media							
Serving in volunteer organizat	ions						
Write newsletter articles							
Write subject matter fact shee	ts						
Presiding at meetings							
Organize programs/events							
Horticulture photography							
Camping/recreation							
Work with community gardene	er's						
Record keeping/doing paper v	vork						
Organize gardening contest							
Serving on committees							
Develop educational exhibits							
Typing/computer/newsletter							
Develop posters and visual aid	ds						
Fund raising							

Coordinate a demonstration garden

Please check <u>each</u> of the following volunted I LIKE TO:	er experien A Lot	ces according to A Little	your interest: Not At All
Answer gardening questions on the phone			
Give tours of gardens			
Other:			
Would you be available for tours or demons	strations on	the weekends?	
Yes No If yes, when?	Saturday: /	A.M. or P.M. (circ	le one)
In a few words, please state why you would	·	•	,
I wish to become a Universattend the training program. I classes, I will participate in a Extension Service to be complete the Master Gardener title and us activities and not for personal g	underst forty (4 ed in the se it only	tand that aft 40) hours in a following 12	ternship to the Cooperative months. I also agree to hono
Signature		Date	
Return Application to:			

Bullitt County Extension Service
ATTN: Lorilee Kunze 384 Halls Lane Shepherdsville, KY 40165