

**APPLICATION  
DELAWARE MASTER GARDENER PROGRAM  
2009**

**Please complete application carefully; information furnished is a major factor in class selection. Thank you.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_

If a phone interview is necessary, what is the best time to call? \_\_\_\_\_

Please complete the following with as detailed answers as possible.

**1. List gardening experience (i.e. vegetable, perennial, herbs, design, bonsai, houseplants):**

<u>type</u>	<u>number of years</u>
_____	_____
_____	_____
_____	_____
_____	_____

**2. List horticultural training (i.e. seminars, workshops, academic courses, work-related experiences):**

<u>type</u>	<u>date(s)</u>	<u>location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. List your non-horticultural skills which could be useful to the Delaware Master Gardener Program (i.e. public relations, photography, public speaking, leadership):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe any previous volunteer experience (i.e. schools, civic, church):**

<u>name of organization</u>	<u>type of organization</u>	<u>length of time involved</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. List past or current gardening affiliations (i.e. garden clubs, plant societies, professional organizations):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Are you presently employed? \_\_\_\_\_**

If yes, list your current employer and position \_\_\_\_\_

\_\_\_\_\_

If retired, list occupation before retirement \_\_\_\_\_

\_\_\_\_\_

Are you aware that Master Gardener Training requires about 45 hours of lecture attendance and additional study? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware that Master Gardeners are expected to contribute 45 hours the first year working with the county extension office in service to the community? Yes \_\_\_\_\_ No \_\_\_\_\_

**7. What days and times would you be available for volunteer time?**

\_\_\_\_\_ Available during the day.

\_\_\_\_\_ Available evenings.

\_\_\_\_\_ Available weekends.

\_\_\_\_\_ Limited availability (list days/times below).

\_\_\_\_\_

\_\_\_\_\_

Do you prefer to work on a regular weekly or monthly schedule, or as needed for specific projects?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Complete the following work preference survey to indicate your interests for volunteer activities.** (Check the activities you would enjoy doing as a Delaware Master Gardener. Note: *activities may vary by county*).

\_\_\_\_\_ Speaking to organizations or teaching workshops on various horticultural topics.

\_\_\_\_\_ Telephone team, providing seasonal information to callers and walk-in clients.

\_\_\_\_\_ Writing articles for newspapers and/or newsletters.

\_\_\_\_\_ Administrative/organizational duties, including delegating and scheduling.

\_\_\_\_\_ Helping with office work, typing, filing, and computer skills.

\_\_\_\_\_ Making posters, graphics or other educational artwork.

\_\_\_\_\_ Landscaping/supervising installation and maintenance of community gardens.

\_\_\_\_\_ Assisting with 4-H projects, judging and activities with schoolchildren.

\_\_\_\_\_ Assisting at garden information booths at local garden centers, libraries and malls.

\_\_\_\_\_ Assisting with greenhouse and garden activities.

\_\_\_\_\_ Other volunteer activities: \_\_\_\_\_

\_\_\_\_\_

**9. How did you learn of the Delaware Master Gardener Program?** \_\_\_\_\_

\_\_\_\_\_

**10. Why do you wish to become a Delaware Master Gardener?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal regulations relating to affirmative action require that the University compile the following information for all applicants. Completing this section is voluntary and the information is not used in the evaluation of any applicant.

Check the appropriate box:     Female                       Male

Check the racial or ethnic group with which you identify:

- American Indian or Alaskan Native
- Asian & Pacific Islander (persons having origins in Far East, Southeast Asia, Indian subcontinent of Pacific Island, China, Japan, Korea, Philippine Islands, American Samoa, India and Vietnam)
- Black, Non-Hispanic
- Hispanic (persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin)
- White, non-Hispanic
- Other \_\_\_\_\_

**Reception for all applicants, mandatory attendance, in June 2009, (Date to be determined) 6-8 p.m. at the Kent County Extension Office.**

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

All applications must be received by June 1, 2009. Class size is limited. If accepted, you will be notified by letter and will receive further instructions. Please send completed applications to: Kent County Extension Office, 69 Transportation Circle, Dover, DE 19901.

It is the policy of the Cooperative Extension Service, Delaware State University, and University of Delaware that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age or national origin.