

MASTER GARDENER
UT EXTENSION
 INSTITUTE OF AGRICULTURE
 THE UNIVERSITY OF TENNESSEE

**2018 WILLIAMSON COUNTY
 TN EXTENSION MASTER GARDENER PROGRAM APPLICATION**

I understand the title Master Gardener is conditional upon receiving training, performing and reporting 40 volunteer service hours. Master Gardeners are expected to use only University of Tennessee or Tennessee State University - approved recommendations. The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

Applicant's Signature _____

(PLEASE TYPE OR PRINT)

Name _____ Date _____
 Mailing Address _____
 City _____ Zip Code _____
 Telephone _____ E-Mail _____

Training and education completed

- _____ High school
- _____ Technical/trade school
- _____ 2-year community college (major studies)
- _____ 4-year college (major studies)
- _____ Horticulture degrees, certification or training

Practical gardening experience (personal, volunteer or work experience)

Years of gardening experience? _____

Please check all of the following skills that interest or apply to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Vegetable Gardening | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Flower Gardening | <input type="checkbox"/> Weeding | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Community and/or School Gardens | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Urban Trees | <input type="checkbox"/> Landscape Design | <input type="checkbox"/> Organizational (office skills) |
| <input type="checkbox"/> Native Plants | <input type="checkbox"/> Lawn/Turf | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Floral Arrangement | <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gardening for Wildlife | <input type="checkbox"/> Speaker's Bureau (teaching) | <input type="checkbox"/> Web development/design |
| <input type="checkbox"/> Houseplants | <input type="checkbox"/> Newsletter (writing, design, etc.) | <input type="checkbox"/> Research and/or program development |
| <input type="checkbox"/> Water Features/Ponds | <input type="checkbox"/> Social Media | |
| <input type="checkbox"/> Diseases/Insects | <input type="checkbox"/> Historian/Scrapbooking | |

Other: _____

APPLICATION CONTINUED

Other volunteer experience in your community _____

Check all that apply. I would like to work with:

___ Youth ___ Senior citizens ___ Those with disabilities ___ Home gardeners ___ Others (elaborate): _____

Why did you choose this particular volunteer program? _____

What is your motivation for becoming a TEMG volunteer educator? _____

What do you hope to gain from your service in this program? _____

Why do you think you should be selected for the program? _____

Do you have a health or medical condition that we need to accommodate for training? _____
If so, please explain required accommodations. _____

Are you able to speak or write in a language other than English? _____
Please list (including American Sign Language). _____

Have you ever been convicted of a felony? _____
If yes, please give the date, nature and disposition of the offense. _____

Please note: A criminal record will be considered as it specifically relates to the volunteer position. A criminal record may prevent an individual from volunteering on specific projects, depending on the nature of the offense.

Reference: Please list one volunteer or non-family reference who has knowledge of your skills, abilities and qualifications, that we may contact. This individual should have worked with you on projects and activities and/or have direct experience with knowledge of your qualifications. Please provide contact information.

Name _____ Relationship _____ Phone _____
Email _____

I authorize the Extension office to contact my listed reference. I understand that a criminal background check may be required prior to final acceptance of this application. I understand that misrepresentation or omission of required information may disqualify my application to volunteer for University of Tennessee Extension. I understand that I serve at the satisfaction of University of Tennessee Extension and agree to abide by the policies of UT Extension and the Tennessee Master Gardener Program to the best of my abilities.

Applicant's Signature _____ Date _____