

Virginia Cooperative Extension

A partnership of Virginia Tech and Virginia State University



School of Agriculture
Virginia State University

Albemarle/Charlottesville Office
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434-872-4580 FAX: 434-872-4578

MASTER GARDENER VOLUNTEER TRAINING COURSE APPLICATION

Bring this completed form with \$175.00 (check or money order) to your scheduled interview.

I wish to become a Virginia Cooperative Extension (VCE) Master Gardener (MG) Volunteer and I would like to be accepted for training beginning January 25, 2010. Upon completion of the classroom training, I agree to complete a minimum of 50 hours of volunteer service on approved MG projects. This will be accomplished by working for 25 hours at the Master Gardener Help Desk. I will work an additional 25 hours at the MG Help Desk or on any other approved Master Gardener Volunteer Projects.

I understand that there is a \$175.00 fee for the class. The fee covers the cost of the Virginia Master Gardener Handbook, a one-year membership in the Piedmont Master Gardener Association, and other expenses associated with the class. Please make checks payable to: Treasurer of Virginia Tech

Seating is limited to the first 20 qualified applicants

Classes will primarily be held at the Cooperative Extension Training Room. The class will meet on Monday mornings, 9 a.m. until 12 noon, beginning January 25, 2010 and ending May 24, 2010.

Signature _____ Date _____

PLEASE PRINT

Name _____

Address _____

Telephone Number _____

Email _____

www.ext.vt.edu

Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments. Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

Master Gardener Candidate Questionnaire

1. Have you ever been a volunteer before? What kind of volunteer?

2. Do you have a garden? What type? How long have you been gardening? What gardening activities interest you the most?

3. What do you hope to get out of being a VCE Master Gardener Volunteer?

4. What background or career do you have? Do you have any skills in "non-horticultural" areas such as lettering, making posters, writing, computers, public relations, media contacts, etc., which would be useful to the Master Gardener Program?

5. How did you learn of this class? _____

6. Are you able to volunteer at different locations throughout the county? Yes/No (circle one)

Do you have transportation? Yes/No

Will you be available evenings? Yes/No

Will you be available weekdays? Yes/No

Will you be available weekends? Yes/No

If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in this activity, fill in the form below and return with this application to Peter Warren 434/872-4580 or VCE///TDD 800/828-1120:

Disability (be specific) _____ Assistive Device Required: _____