

2005 URI Cooperative Extension Master Gardener Application

To be considered for the 2005 class, the completed application must be returned before October 1, 2004. Space is limited. Applications received after this date may be held for the following year.

Part 1. Personal Information: Please print or type clearly)

Name: _____

Address: _____

Town: _____ State: _____ Zip+4: _____

Tel/cell: day _____ night: _____

Email: Please print clearly. (We primarily communicate by email.) _____

Part 2 Education and volunteer work experience:

How did you learn of this program? Circle one

URI/CE website	Called the CE Hotline	RI Flower Show	Channel 10 Plant Pro
Greenshare Field Day	URI Plant Clinic	Word of mouth	Fairs, exhibits or seminars
Certified URI Master Gardener (list name) _____			
MG from another state (list state and county) _____			

Gardening and other skills in which you are proficient: Circle 2 (two)

Computers/data entry	Writing
Digital photography	Pruning/propagation
Teaching/public speaking	Landscape design

List the two types of gardening about which you feel most competent to educate others on.

Example: vegetables, woody ornamentals, native plants, perennials, etc.

What is your favorite plant and why? _____

What is/was your career? _____

Do you currently work in the green industry? Yes No

If yes, in what way? Circle one main category.

Landscaper	garden designer	garden center employee
Grower/farmer	other professional (explain)	

Part 3. Volunteer Service and Commitment:

Do you have teaching experience with children? Yes No

Do you have teaching experience with adults? Yes No

Do you speak another language fluently? Yes No

If yes, list one.

On a separate piece of paper, please list any course(s) related to gardening that you have taken in the last year.

Please list any horticultural club or organization you currently belong to and any offices you hold.

Organization	Position	Number of years
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List current (2003-2004) volunteer experience in your community: schools, seniors, youth, etc.

List volunteer roles you are most interested in performing. Ex. Education, hands-on, project management.

Indicate the best day and time for you to do volunteer work. Ex. Wednesday morning _____

Part 4. Questionnaire:

There are many reasons why individuals want to be part of the URI Master Gardener program. Please take a few minutes to answer the following questions.

Instructions: beside each comment below, write the number which best describes how important it is to you.

- 1 = Extremely important reason
- 2 = A very important reason
- 3 = An important reason
- 4 = A somewhat important reason
- 5 = Of minor importance
- 6 = Not a reason or factor

To become a Certified URI Master Gardener is important to me because:

- ___ a. I will have the opportunity to receive useful training.
- ___ b. I will become a part of the University of Rhode Island Cooperative Extension.
- ___ c. I will have the opportunity to share my knowledge with other gardeners.
- ___ d. I will gain practical experience that can help me get a job.
- ___ e. I will be able to provide a service to other people in my community and/or neighborhood.
- ___ f. I can get a tax credit for my volunteer work.
- ___ g. I will receive instructions and materials.
- ___ h. I will be able to increase my knowledge in the area of gardening.
- ___ i. I will gain a great deal of personal satisfaction.
- ___ j. I will be able to creatively use my free time.
- ___ k. I will be recognized by people in my community.
- ___ l. I will be able to gain new skills as a gardener.
- ___ m. I will be certified by the University of Rhode Island Cooperative Extension.
- ___ n. Other reason. Please use space below.

Part 5. Agreement:

I wish to become a Certified URI Cooperative Extension Master Gardener. I understand the applications will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I agree to volunteer a minimum of 50 hours of service to the Cooperative Extension Master Gardener Volunteer Program within two years following class completion. I understand there is a non-refundable registration fee.

I agree to participate in the training program and attend appropriate volunteer orientations before completing my service. I will use the information from the training for giving advice and recommendations to the general public in approved URI Master Gardener projects. I will not use my Certified Master Gardener title to promote a commercial venture.

To remain a certified URI Master Gardener, I agree to submit monthly records of my volunteer hours and contacts. I agree to make a commitment of 20 volunteer hours and 16 educational hours in approved programs on a yearly basis.

I will send the non-refundable fee of \$250 within two weeks of acceptance to the program. I understand more details will accompany the acceptance letter.

Applicant's signature and date _____

Please mail your application form to:
Rosanne Sherry, Master Gardener Program Coordinator
CE Education Center, 3 East Alumni Avenue
Kingston, RI 02881-0804
Fax 401-874-2259

revised 12.8.2004

Office use only: Application received: _____ Payment: _____

Cooperative Extension in Rhode Island provides equal program opportunities without regard to race, sex, religion, color, national origin or disability.