

HAMILTON COUNTY MASTER GARDENER INTERN PROGRAM APPLICATION



I wish to become a Purdue Master Gardener and would like to be accepted into the training program. I understand that upon successful completion of training, I will agree to donate 1 hour of public service for each hour of training received in the Master Gardener intern program (40 hours). This public service will be completed on approved projects by December 31, 2021.

Name _____
(Please print name as you would like it to appear on a Master Gardener Name Badge)

Address _____

City _____ State _____ Zip _____

Phone: (____) _____

E-mail address: _____

Please answer the following questions so that we can match your talents to our volunteer needs. No experience is required, but we would like to know what your interests are.

Years of gardening experience _____

Please list any special training or experience in gardening: _____

Please list areas of specialization or hobbies (e.g., vegetables, greenhouse, roses, hostas, etc.) _____

Please list gardening group affiliations: _____

What are some of your hobbies not related to gardening? _____

Employed / retired? _____

If employed, are you employed in the horticulture profession? (garden center, nursery, landscaping, etc.) _____

If so, who is your employer? _____ Phone: _____

Why do you wish to become a Master Gardener? _____

(over)

Please check the areas in which you would prefer to volunteer:

_____ Speak to groups. Circle group size: 0-5 5-20 over 20

_____ Organizational activities (information booths, 4-H, community action groups)

- _____ Management (participate in M.G. Association group liaison to other organizations)
- _____ Membership (organization, office work, telephone calls, etc.)
- _____ Plant identification and problem diagnosis (Education Center – Master Gardener Infoline)
- _____ Writing (news articles, fact sheets, newsletters, etc.)
- _____ Display Gardens (education, design and maintenance)
- _____ Other (Please specify: _____)

Please check the age group with which you are most at ease to work:

- _____ Children (5-10 years) _____ Teens (11-19 years) _____ Adults
- _____ Seniors _____ Any of these groups

Would you be willing to serve as an officer in the local Master Gardener Association? _____

I wish to become a Master Gardener. I understand I must attend the basic training program. I agree to donate 40 or more hours of Hamilton County approved public service within one growing season of finishing the course (by December 31, 2021).

Signature _____ Date _____

Cost for the training is \$175.00 per person, family members can share materials for an additional \$87.50. Please select the desired format of the Purdue Master Gardener Manual you will use during the training. Spiral bound print version flash drive (no printing allowed).

For office use only:

Date received: _____

Forms Received: ABE _____ Pest Mgmt _____ Background Consent _____ Photo _____