



UF/IFAS EXTENSION BAY COUNTY

Master Gardener Program Application 2017 Class

Please complete and sign application and attach a copy of your driver's license. Submit by June 6, 2017 to Julie McConnell at 2728 E. 14th Street Panama City, FL 32401 or via email juliebmcconnell@ufl.edu. If you email the application please put in subject line of email "MG Program Application 2017 Class." If accepted into the UF/IFAS Master Gardener Volunteer Training Program a \$125.00 fee will be required by August 9, 2017 so that training materials can be ordered.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Address: _____

City: _____ County _____ Zip code: _____

Phone: _____

E-mail address: _____

Have you ever participated in Master Gardener training before? Yes _____ No _____

If yes, what year(s)? _____ What state and county? _____

Supervisory Agent? _____

If you previously participated in Master Gardener training, did you complete the course and volunteer service requirements: Yes _____ No _____

How did you learn about the Master Gardener Program in Bay County?

Years of volunteer experience _____ List your volunteer experience working in the community (schools, hospitals, churches, youth programs, etc.).

In what other organizations, clubs or societies do you actively participate?

Are you presently employed?

Yes _____ No _____ If yes, full time _____ part time _____

Will you be able to fulfill 75 hours of volunteering with UF/IFAS by November 8, 2018?

Yes _____ No _____

Will you be able to fulfill 35 hours of volunteering and 10 hours continuing education annually as a Master Gardener?

Yes _____ No _____

When would you be available to volunteer? (Check all that apply)

Weekdays _____ Circle days: Mon. Tues. Wed. Thurs. Fri.

Weekday evenings _____ Circle days: Mon. Tues. Wed. Thurs. Fri.

Weekends _____ Circle days: Sat. Sun.

List any class dates that you know you will be absent (any Thursday between September 7 and November 9, 2017).

Please check all of the computer applications that you are able to use proficiently:

Microsoft Word _____

PowerPoint _____

Excel _____

Internet Explorer or related web browser _____

Web design _____

E-mail _____

If you have e-mail, how often do you use it?

Daily _____ Weekly _____ Monthly or less _____

Are you able to attach files, photos, and webpage addresses to your emails?

Yes _____ No _____

Are you willing to learn additional computer skills if needed?

Yes _____ No _____

Years of gardening experience _____. List your gardening experience and related training.

Include any formal courses, certificates, or degrees you may have in plant sciences or related fields (**don't worry - formal training and experience is not necessary**).

Do you have experience in public speaking? Provide a description.

Please describe your service in a leadership role of any organization or project.

Describe any educational or informational materials that you have developed.

We have a limited number of places for training. Please discuss some reasons why you would be a good candidate for Master Gardener training and the volunteer program.

List any special skills not discussed previously that may benefit the Master Gardener volunteer program (grant-writing, carpentry, mechanical, accounting, artistry, etc.)

Please rate the following volunteer activities according to your interest (circle your answer):

	Least					Most
Answer homeowner gardening questions at the Extension office	1	2	3	4	5	
Teach/present to small groups (less than 15)	1	2	3	4	5	
Teach/present to large groups (over 15)	1	2	3	4	5	
Develop educational materials for programs/activities	1	2	3	4	5	
Teach/work with youth	1	2	3	4	5	
Prepare exhibits and displays for events/fairs	1	2	3	4	5	
Maintain demonstration gardens (planting, pruning, weeding, etc)	1	2	3	4	5	
Man a booth at a fair/festival for outreach	1	2	3	4	5	
Serve as a consultant with schools/organizations on gardens	1	2	3	4	5	
Assist agent with office work (copying, organizing, etc.)	1	2	3	4	5	
Serve in leadership role (president, secretary, committee chair, etc.) in Master Gardener organization	1	2	3	4	5	
Serve in a MG project leadership role	1	2	3	4	4	

Any comments on these activities are welcome.

Please list three references who have knowledge of your qualifications but who are not related to you.

Name	Mailing address	Phone

Have you been accused or convicted of a criminal offense in the past seven years? Yes _____ No _____

If yes, please explain:

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of a sentence)? Yes _____ No _____ If yes, please explain:

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I would like to be considered for the UF/IFAS Extension Bay County Master Gardener volunteer training program. If accepted, I agree to attend all of the training courses and donate 75 hours of volunteer service to the Florida Master Gardener Program during the year following my training class. I fully understand that I will not be a certified Florida Master Gardener until I complete my 75 hours of volunteer service. I also understand that I must follow the policies and procedures of the University of Florida IFAS Extension and that the title of Florida Master Gardener is only valid while I am an active member of the program.

I certify that the above information is correct. I authorized the University of Florida IFAS Extension to request information for conducting a background check and to contact references. I authorize a check of my driver license record as needed. I understand that misrepresentation or omission of facts requested is just cause for non-appointment as an Extension program volunteer.

Signature _____ Date _____

Please attach a photocopy of your driver's license or state identification card.

Thank you for your interest in the Master Gardener Program!

