

ITEM 2

2019 UF/IFAS MASTER GARDENER VOLUNTEER APPLICATION

Please type or print legibly

1. NAME: Mr. Mrs. Ms. _____
2. ADDRESS: _____
3. CITY _____ ZIP CODE: _____
4. HOME PHONE: _____ WORK PHONE: _____
5. EMAIL: _____
6. Are you currently employed? YES NO Occupation: _____
7. Have you been a Master Gardener before? YES NO Where? _____
8. If yes, when? _____ Where: _____
9. Do you own a PC? YES NO
10. What software packages do you use regularly and have proficiency using?
MS Word _____ Excel _____ PowerPoint _____
Others, please specify only those applications in which you demonstrate
proficiency. _____
11. Do you check email: daily _____
weekly _____
several times daily _____
rarely _____
12. Describe your personal garden and landscape.

13. Please list any specialized gardening interests or hobbies you have (such as vegetables, houseplants, ornamentals, lawn care, landscaping, bonsai, etc.)

14. Please list any specialized skills which can be used in the Master Gardener program, e.g., publicity, construction, grant research/writing, irrigation systems, etc.

15. What gardening affiliations do you have (Garden Clubs, Horticultural Societies, etc.)?

16. Have you ever been active in other type organizations (Cancer Society, Civic Club, Scouts, PTA, Athletic Associations, etc.)? YES NO

17. Do you volunteer currently for any organization? YES NO

18. If yes, please list them: _____

19. Do you have any physical restrictions preventing you from working in the Demonstration Garden? NO YES Please explain _____

20. We are very pleased you are interested in the Master Gardener Program. There are many reasons why individuals want to be a part of this effort. Please take a few minutes to tell us what your interest may be by placing a check in the blanks applying to you.

- _____ I will have the opportunity to receive useful training.
- _____ I will become a part of the University of Florida/IFAS.
- _____ I will have the opportunity to share my knowledge with other gardeners.
- _____ I will gain practical experience to help me get a job.
- _____ I may be given a raise/promotion at my job for attending.
- _____ I will be able to provide a service to other people in my community.
- _____ I can get a tax credit for my volunteer work.
- _____ I will receive free instruction and materials.
- _____ I will be able to increase my knowledge in the area of gardening.
- _____ I will gain a great deal of personal satisfaction.
- _____ I will be able to creatively use my free time.
- _____ I have the time to give to volunteer work and like to volunteer.

_____ I will be recognized by people in my community.

_____ I will be able to gain new skills as a gardener.

_____ I will be able to add this to my resume.

_____ I want to compare the information I receive in the Master Gardener volunteer training with my 'tried and true' gardening practices.

21. Other reasons not mentioned: _____

22. In a few short paragraphs tell us about the last 30 years of your life. You may use the back of this paper if you wish.

Thanks for taking the time to tell us about you.

This application is due back by Friday, June 21 no later than 5 pm. Both offices have letter boxes and can take your application if the office is closed.

Mailing Address:

**Nassau County Extension 543350 US Hwy 1, Callahan, FL 32011- 6486
or email: rljordi@ufl.edu Phone: (904) 530-6351**

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COOPERATIVE EXTENSION PROGRAM, AND BOARDS OF COUNTY COMMISSIONERS COOPERATING.