

**Carroll County Master Gardener Program  
APPLICATION**

I wish to become a Master Gardener in Carroll County. I want to be accepted into the 40-hour Master Gardener training program offered by the University of Arkansas Cooperative Extension Service. I understand that in exchange for the training, I will volunteer at least 40 working hours and agree to acquire 20 additional learning hours in the Master Gardener program within the next year. I understand that I will become a Master Gardener when I complete the training and pass the examination. In order to retain the Master Gardener designation in subsequent years, I will volunteer 20 working hours and obtain 20 learning hours annually.

Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone (day) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (night) \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

**Years of gardening experience:**

**Type of gardening experience:**

**List areas of specialty or hobbies (e.g. flowers, herbs, ornamentals, etc.):**

**List experience working with the community, schools, churches, youth, senior citizens, etc.:**

**Please list group affiliations (e.g. garden clubs, plant societies, etc.):**

**How did you learn about the Master Gardener program?**

**Why do you want to become a Master Gardener?**

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.

**RETURN APPLICATION TO:     Carroll County Extension Service  
909B Freeman Switch Road  
Berryville, AR 72616**