

FAULKNER COUNTY MASTER GARDENERS New Member Training Application

I request acceptance into the 40-hour Faulkner County Master Gardener training program offered by the University of Arkansas System Division of Agriculture Cooperative Extension Service (UADA).

- I am able to complete the entire training session for which I am approved.
- I also agree to pay the training fee which covers training materials, t-shirt, nametag, and first year's dues.
- I understand that I will become a Master Gardener when I complete the 40-hour training and pass the examination.
- In exchange for the training, I will volunteer at least 40 working hours AND acquire 20 additional learning hours in the Faulkner County Master Gardener program within the first year.

To **retain** the Master Gardener designation in each subsequent year, I will :

- Volunteer at least 20 working hours AND obtain 20 additional learning hours in Faulkner County.
- Pay annual dues

Once your application is received, a Faulkner County Master Gardener will contact you with the current class options.

Personal Information (Please Print):

Date: _____

Name: _____

What name do you like to be called? _____

Address: _____

City: _____ Zip: _____

Email: _____

Birthdate (MM/DD) ____/____

Phone: Home: _____ Cell: _____

Emergency Contact Person: _____ Relationship: _____

Phone: _____

Gardening Experience:

Years of Gardening Experience ____ Type of Gardening Experience _____

List areas of specialty or hobbies (e.g., flowers, herbs, ornamentals) _____

List experiences working with the community (e.g., schools, churches, youth, senior citizens)

List garden related affiliations (e.g., garden clubs, plant societies) _____

How did you learn about the Master Gardener program? _____

Why do you want to become a Master Gardener? _____

Additional Comments:

Submitted by: _____

I certify that the information I have given is accurate to my knowledge.

For more information: Please contact Faulkner County Extension Office at (501) 329-8344

Completed applications returned to:

Faulkner County Extension Office •844 Faulkner Street •Conway, AR 72034

•Fax: (501) 329-0483

For Faulkner County Master Gardener Record Keeping Only:

Received By: _____ Date: _____

Date Sent to Sharon Cragg: _____ Corresponding Secretary: _____

Tracy Clark: _____

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