

**Henrico County Master Gardener Program**  
**Master Gardener Application Form**  
Virginia Cooperative Extension Service

The Henrico County Master Gardener program is a training course designed to assist the County Extension Agent transfer research-based information about horticulture, gardening and related subjects to the public.

If accepted into the program, you are expected to attend all classes. If you miss more than three classes, you may be dropped from the program without the materials fee refund. Once classroom training is complete, you receive an "Intern" designation and are required to volunteer a minimum of 50 hours with the Henrico Extension Office by the end of the first year to become a Certified Master Gardener. Thereafter, you are required to complete a minimum of 20 hours volunteer service with the Henrico Extension Office and complete 12 hours of advanced education each year to remain an active Henrico Master Gardener.

The Henrico County Master Gardener Program is administered by the Virginia Cooperative Extension.

Classes are scheduled to meet on Tuesday and Thursday from 9:00am to 12:30pm from late January to early April.

**Application deadline is the last Friday of October.**

You will be notified if accepted by mid-late November.

**Please Print Clearly**

**Name**

**Preferred Name for Name Tag**

**Address**

**City**

**State**

**Zip**

**County**

**E-mail Address**

**Day Phone #**

**Cell Phone #**

**Home Phone #**

**Do you have enough time to attend class and commit to a minimum of 100 hours of training and volunteer service by November 15, 2011?**

**Yes**

**No**

**Retired**

**Have you ever applied for the Master Gardener Program before? \_\_\_\_\_ If so, where \_\_\_\_\_?**

**Why do you wish to become a Master Gardener? (Please be as detailed as possible)**

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Years of gardening experience: \_\_\_\_\_

Detail type(s) of gardening experiences, any related formal training and/or your personal gardening interests.

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In what areas of horticulture are you most interested? (lawns, flowers, vegetables, landscaping, foliage, native plants, organic gardening, etc.)

List types of gardening about which you feel most competent and are interested in. Examples: organic, vegetables, woody ornamentals, native plants, perennials, etc.

Do you have any horticulture or garden-related volunteer experience? If so, please describe.

Do you have experience teaching adults?

Yes

No

Do you have experience teaching children?

Yes

No

Do you speak another language fluently?

Yes

No

If yes, please list: \_\_\_\_\_

Please list volunteer groups in which you have been involved and what type of activities you participated in with these groups, including offices held. (Leadership, garden club, projects, fundraising, schools, service clubs, church groups, senior citizens, youth groups, etc.)

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What specific skills do you bring from a career that could contribute to the Master Gardener Program?

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Have you participated in a special project or activity in your community or work. What was your role? (Special event, fundraiser, scouts, church event, etc.)

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What special skills would you bring to the program (computer skills, artistic, organizational, media contacts, writing, public speaking, photography, public relations, finance, teaching, arts & crafts, leadership, etc.)

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Do you have any experience in fundraising and/or grant writing? \_\_\_\_\_ If yes, please describe.

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Volunteer work (internship) is done during regular office hours and occasional weekend hours from April 1 to November 15. Most volunteer opportunities require a 3-4 hour commitment per event. What times of day are you most available to volunteer? *Check all that apply*

	Mornings	Afternoons	Evenings
Monday – Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What teaching/communication experience do you have? List types of experiences.

- Writing Articles \_\_\_\_\_
- Speaking to large groups >30 \_\_\_\_\_
- Speaking to small groups <30 \_\_\_\_\_
- Demonstrations to Groups \_\_\_\_\_
- Telephone Customer Service \_\_\_\_\_
- One-on-one consultations \_\_\_\_\_
- Other (describe) \_\_\_\_\_

What volunteer opportunities interest you most? Circle all that apply.

- |                       |                         |                                   |                                 |
|-----------------------|-------------------------|-----------------------------------|---------------------------------|
| Horticulture Helpline | Plant Clinics           | Plant, Insect & Disease Diagnosis | Speaking to Local Groups        |
| Children’s Programs   | Organization Committees | Special Projects                  | Community/Demonstration Gardens |

How did you learn about the Henrico County Master Gardener Program?

- Master Gardener (name) \_\_\_\_\_
- Friend                       Website                       Newspaper (name) \_\_\_\_\_
- Cable TV                       Other \_\_\_\_\_

There are many reasons why individuals want to be part of the Henrico County Master Gardener Program. Becoming a Certified Master Gardener is important to me because:

(Check all that apply)

- I will have an opportunity to receive useful training
- I will have an opportunity to share my knowledge with other gardeners
- I will gain practical experience that will help me get a job
- I will be able to provide a service to other people in my community and/or neighborhood
- I can get a tax credit for my volunteer work
- I will receive instructional materials and resources
- I will be able to increase my knowledge in the area of gardening/horticulture
- I will gain a great deal of personal satisfaction
- I will be recognized by people in my community
- I will be able to creatively use my free time
- I will be able to gain new skills
- Other (describe) \_\_\_\_\_

Do you have a disability for which accommodations need to be provided? If so please describe. (This information will be kept strictly confidential and will not affect your acceptance into the Master Gardener Program.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Barbara Tompkins, Henrico Co. Extension Office at (804) 501-5160/TDD\* during the business hours of 8:00am to 4:30pm to discuss accommodations 5 days prior to the event. \*TDD number is (800)828-1120.

**Certification**

I wish to become a Henrico County Master Gardener. I understand the applications will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I agree to volunteer a minimum of 50 hours of service to the Henrico Cooperative Extension Office Master Gardener Program by November 15, of which 20 hours will be on the Horticulture Helpline and 12 hours will be at Plant Clinics. I agree not to use the Certified Master Gardener designation to promote a commercial venture. I understand continuing education and additional volunteer hours are required to maintain my certification from year to year. I consent to have my name, address, phone number, email address and photo included in the Henrico Master Gardeners Membership Roster. I understand that a fee of \$135 is required for initial training materials and agree to pay the fee prior to the beginning of classes.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



Return Application by the last Friday in October to:  
Henrico County Extension Office  
P.O. Box 90775  
Henrico VA 23273-0775  
[www.offices.ext.vt.edu/henrico](http://www.offices.ext.vt.edu/henrico)



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