



## HILL COUNTRY MASTER GARDENER ASSOCIATION

Education Dept. 3775 Highway 27, Kerrville, Texas 78028

### APPLICATION for MASTER GARDENER TRAINING CLASSES

Applications will be accepted on a continuous basis throughout the year.

INSTRUCTIONS: Please print clearly and return to above address. If you have any questions, please call the Kerr County AgriLife Extension Office at 830.257.6568

*(DO NOT SEND APPLICATION FEE WITH THIS APPLICATION)*

NAME:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS: Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_, Texas, Zip \_\_\_\_\_

CONTACT INFORMATION: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment (if applicable): \_\_\_\_\_

If retired, what was your profession? \_\_\_\_\_

COMMITMENT:

Will you agree to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

The Hill Country Master Gardeners is a volunteer service organization. Will you be able to commit to fifty (50) hours of volunteer service upon the completion of course work within one year and an additional twenty- five (25) hours along with 6 Continuing Education Hours each subsequent year? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be available to attend all classes during an 8 week session, scheduled on Tuesdays and Thursdays, 9 am to 3 pm during the months of February and March. Yes \_\_\_\_\_ No \_\_\_\_\_

AREAS OF SPECIAL INTEREST OR TALENT: Please check your areas of interest or expertise. This information may be helpful to us later on. What special talents/skills do you have (computer, photography, typing, art, public speaking, teaching, etc.?)

- |                                       |                               |                         |
|---------------------------------------|-------------------------------|-------------------------|
| Administrative/Management _____       | Experimental Gardening _____  | Newsletter _____        |
| Clerical/Organization _____           | Demonstration Garden _____    | Computer _____          |
| Gardening with Elderly/Disabled _____ | Insects/Plant Diseases _____  | Public Relations _____  |
| Gardening with Youth _____            | Photography/Videography _____ | Fund Raising _____      |
| Water Conservation/Xeriscape _____    | Home Food Production _____    | Organic Gardening _____ |

What special talents/skills do you have (computer, photography, typing, art, public speaking, teaching, etc.?)

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**GARDENING EXPERIENCE:**

- Years of gardening in the Texas Hill Country: \_\_\_\_\_
- Years of overall gardening experience: \_\_\_\_\_
- Type of gardening (vegetables, fruit & nut, landscaping, etc): \_\_\_\_\_

\_\_\_\_\_

- Describe your experience with related fields such as entomology, pathology, soils, nutrition, botany, etc:

\_\_\_\_\_

- Do you belong to any garden clubs? Please list \_\_\_\_\_

\_\_\_\_\_

- Do you have other special skills that should be considered? \_\_\_\_\_

\_\_\_\_\_

- Why are you interested in the Hill Country Master Gardener program? \_\_\_\_\_

\_\_\_\_\_

- What do you think Master Gardeners do? \_\_\_\_\_

\_\_\_\_\_

- Why do you want to become a Master Gardener? \_\_\_\_\_

\_\_\_\_\_

**OBJECTIVES OF THE MASTER GARDENER PROGRAM:**

- Expand the capacity of the Texas AgriLife Extension Service to distribute horticultural information to individuals and groups in the community.
- Develop and enhance community programs related to horticulture. Depending on community needs, these may be through news articles, clinics, presentations to garden clubs, schools and other community groups, and by telephone contacts.

**AGREEMENT:** I understand and agree that if accepted into the program I must attend all scheduled classes.(Note: The Class Schedule will be announced later in the year and posted on the webpage) I also understand that I will become a Certified Master Gardener only when each of the following are completed:

- 1) My background check has been cleared and filed with Hill Country Master Gardeners
- 2) Completed the 8 week course and passed the final exam
- 3) Completed the 24 phone hours and 26 volunteer hours on approved Master Gardener projects within 1 year of graduating from the training session.
- 4) I understand that educational programs conducted by the Texas AgriLife Extension serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin.
- 5) I understand that each year I must complete 25 volunteer hours on approved Master Gardener projects and 6 CEUs (Continuing Education Units) to continue as a Certified Master Gardener.

I further pledge not to use my Master Gardener Certification to promote any commercial venture.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date