APPLICATION
Please Print or Type

Name _______________________________________                               Date___________________

K-State Research & Extension
Central Kansas District #3
MASTER GARDENER PROGRAM

MISSION: The Central Kansas District Extension Master Gardener Program is a volunteer
organization designed to provide the public with sound horticultural information.

GUIDELINES for MASTER GARDENER PROGRAM PARTICIPATION: Admission to the Master
Gardener Program requires that the applicant.

▸ Be a Saline or Ottawa County resident, or agree to repay your commitment of volunteer
service in Saline and/or Ottawa County.
▸ Have a high school diploma or equivalent.
▸ Possess a broad interest in horticulture.
▸ Support the objectives of the Master Gardener Program and the Extension programs of
the Central Kansas Extension District.
▸ Be able to read and comprehend an extensive notebook of support materials to be used
for future reference.
▸ Complete the basic Master Gardener Training Course.
▸ Complete 40 hours of volunteer work with Advisory Board-approved projects by the
following basic course completion.
▸ Attend at least 6 monthly meetings per year (or equivalent), held at noon on the fourth
Wednesday of each month.

Note: In succeeding years, continuation as a Master Gardener in good standing requires
completion of 10 hours of Advanced Master Gardener training, and a minimum of 20 volunteer
hours annually.

PRESENT OCCUPATION:
Employed Full time: _____                     Homemaker: _____
Employed Part Time: _____                     Retired:     _____

The cost of tuition is $90. Will this cause financial hardship?

Will your employment or other regular commitments allow you to be available to participate in the Basic
Master Gardener Training Course, monthly meetings, and in required volunteer activities?
GARDENING EXPERIENCE
Please describe any training courses or experience you have had in gardening.

Check area(s) of specialization or experience:

- __ Annuals
- __ House Plants
- __ Trees and Shrubs
- __ Art or drawing
- __ Landscaping
- __ Vegetables
- __ Computers
- __ Lawn Care
- __ Water Gardening
- __ Fruit
- __ Perennials
- __ Writing
- __ Herbs
- __ Photography
- __ Other (please explain)

Garden group affiliation(s):

Other associated volunteer activities:

How did you hear about the Master Gardener Program?

YOUR ROLE AS A MASTER GARDENER

The following volunteer activities are opportunities for Master Gardener service to the community. Please indicate which of the volunteer activities are of interest to you, and the level of your interest by placing A (very interested), B (somewhat interested), C (minimal interest) by each activity:

- ___ School children programs: Projects and events designed to increase awareness and active interest in gardening among young people.
- ___ Help to plant and maintain demonstration gardens.
- ___ Education/exhibits: Plan and staff horticultural classes and shows.
- ___ Newsletter: Monthly publication containing activity schedules, articles of interest to members and notices of coming events.
- ___ Publicity: Planning and executing promotion of the Master Gardener organization, its services, events and activities.
- ___ 4-H Plant Science Curriculum working with youth, and taking exhibits at the county fair.
- ___ Speakers' Bureau: Presentations on a variety of topics for groups and organizations.
As a trained Master Gardener, how would you rank your enjoyment of the following types of activity: (1 indicates most enjoyable, 5 least)

- [ ] Instruct a class on a specific topic.
- [ ] Teach gardening basics at a children’s garden.
- [ ] Work in a garden.
- [ ] Design and plant a garden.
- [ ] Work in a Home & Garden Show booth.
- [ ] Speak to a garden club.
- [ ] Work at a fund-raising garden tour.
- [ ] Plan educational tours.

Explain briefly why you wish to become a Master Gardener.

If K-State Extension scientific research and experience indicate benefits from the use of chemical compounds for specific horticultural purposes, would you recommend their use by gardeners who are seeking advice even though you may personally oppose the use of any chemical interventions? (If your answer is no, please explain).
Thank you for your interest in the Master Gardener Program and for completing this application. It will be carefully considered, and you will be contacted shortly before classes begin.

**Please be sure to sign the application and give us your address and daytime telephone number.**

**AGREEMENT**

I wish to become a Central Kansas District Extension Master Gardener Trainee and would be available for all basic training sessions. I understand that if accepted into the Training Program, I am entering into a contract to return a minimum of 40 hours of volunteer time in communicating research-based horticultural information to the public and attendance of required training meetings by the end of the next basic training course. I further understand that continuation as an active Master Gardener in good standing requires completion of both 10 hours of training, and a minimum of 20 volunteer hours annually.

Master Gardener volunteers may not participate in the Central Kansas District Extension Master Gardener Program for personal gain or for commercial recommendations or endorsements. Master Gardeners are expected to provide recommendations based on research-based information, and to provide educational program assistance in support of the general district Extension education program.

Master Gardeners operate under the control of a trained K-State Research & Extension professional responsible for monitoring their performance and the progress of their continuing education.

*Please note that trainees from outside the Central Kansas District may have different obligations to abide by inside their own Master Gardener Program.*

*Applicants will be contacted regarding class availability and details as soon as information is available.*

Signature: ___________________________ Date: ________________

Name: ________________________________

Address: Street _______________________
          City ___________________________
          Zip Code _______________________

Telephone Number (Home) ________________________ (Business) ________________________
          (Cell) __________________________

e-mail address __________________________

Return to: K-State Research and Extension
           Central Kansas Extension District
           300 W. Ash, Room 111
           Salina, KS 67402-5040