

UNIVERSITY OF IDAHO EXTENSION

IDAHO MASTER GARDENER PROGRAM

APPLICATION

I would like to be considered for University of Idaho Extension's Idaho Master Gardener Program. I understand that, if accepted, I am required to complete a minimum of 60 hours of training (30 hours of basic education and 30 hours of hands-on training and directed volunteer service). The hands-on training must be completed within 6 months to 1 year of completing the classroom portion of the course (dependent on local county policy), unless prior arrangements are made with the UI Extension educator in charge.

All applicants should consider the expectations of Idaho Master Gardener service. Following certification, all Idaho Master Gardeners are committed to provide volunteer service for as long as they remain certified. Participants who are unable to participate in volunteer service after becoming certified should not sign up for the Idaho Master Gardener Program.

Name (please print)

Email Address

Address

Zip Code

Phone (day)

Phone (evening)

Signature

Date

How did you learn about the Idaho Master Gardener Program?

How many years of gardening experience do you have? Where have you gardened before moving here?

Have you ever been in a Master Gardener program in Idaho or another state? If yes, indicate where and year(s).

☐ No ☐ Yes Where: _____ Years: _____

Please list all horticultural education you have received (school, topics, and dates, if possible).

Please list your areas of specialization or interest (vegetables, roses, greenhouse, herbs, etc.)

Are you affiliated with any gardening clubs or horticulture-related groups? If so, please list.

Why do you wish to be an Idaho Master Gardener?

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What do you expect from this class?

How might you use your volunteer time to help others in the community?

How would you rate your “people skills” (ability to work with others)?

☐ Excellent ☐ Good ☐ Fair

How would you rate your gardening skills?

☐ Expert ☐ Intermediate ☐ Beginner

Are you knowledgeable in growing any of the following? Please check all that apply.

☐ House plants ☐ Herbs ☐ Turf
☐ Vegetables ☐ Annual flowers ☐ Shrubs
☐ Tree fruits ☐ Perennial flowers ☐ Ground covers
☐ Berries ☐ Ornamental trees ☐ Other (specify) _____

How do you receive gardening information? Please check all that apply.

☐ Garden magazines ☐ Nursery/garden center personnel ☐ Family/friends/neighbors
☐ Newspaper articles ☐ University/college professors ☐ Garden clubs
☐ Extension bulletins ☐ Extension office staff ☐ Master Gardeners at Extension office
☐ TV/cable stations ☐ Radio stations ☐ Internet

Are you employed now? ☐ No ☐ Yes ☐ Full-time ☐ Part-time

Are you retired? ☐ No ☐ Yes Semi-retired? ☐ No ☐ Yes

Do you speak a language other than English? ☐ No ☐ Yes (language) _____

If certified as an Idaho Master Gardener, do you give permission to UI Extension to publish your picture without additional permission and with or without accompanying personal identification (your name)?

☐ No ☐ Yes

Check the skills you are good at.

☐ Public speaking ☐ Artistic ☐ Computing/web design ☐ Marketing
☐ Writing ☐ Manual Labor ☐ Typing, filing ☐ Social media
☐ Other (specify) _____

☐ I would like to take this class for academic credit (an additional fee applies)

RETURN THIS FORM TO THE UNIVERSITY OF IDAHO EXTENSION OFFICE IN YOUR COUNTY.

At the University of Idaho we respect your right to privacy and we understand that participants need to be in control of their personal information. “Personal information” includes, but is not limited to, name, address, telephone number and e-mail address. The University of Idaho does not sell, rent, swap or otherwise disclose any of this information other than for the sole purpose of Civil Rights reporting.

Please return this form to the UI Extension, Bonner County Office, 4205 North Boyer Ave., Sandpoint, ID 83864, bonner@uidaho.edu. If you have any question, please call 208-263-8511.

UNIVERSITY OF IDAHO EXTENSION

IDAHO MASTER GARDENER PROGRAM

OPPORTUNITY CONTRACT

I wish to become an Idaho Master Gardener. I understand I must complete the classroom instruction, finish all quizzes and exams, complete all lab work, and complete volunteer hands-on training to become certified. I realize that part of my hands-on training hours must be spent at, or arranged through, the UI Extension office where I complete my training. I also understand that I can sign up for more than one hands-on project and volunteer more than the required number of hours.

If I am accepted into the Idaho Master Gardener training program and/or become certified as an Idaho Master Gardener, I will abide by all regulations and policies of University of Idaho Extension.

As a certified Idaho Master Gardener, I agree to provide University of Idaho pest control recommendations even if they include synthetic chemical pesticides. I also agree to become, or work under, a person licensed as an Idaho pesticide applicator.

I understand that as an Idaho Master Gardener, I am considered a volunteer representative of the University of Idaho. Therefore, the University of Idaho will assume liability for my pest control recommendations, but only if my recommendations are in accordance with the University of Idaho pesticide policies found in chapter 1 of the *Idaho Master Gardener Program Handbook*.

Name (please print)

Address

Zip Code

Phone (day)

Phone (evening)

Signature

Date

All certified Idaho Master Gardeners are required to provide volunteer service. One important function is to assist the local county UI Extension educator in the office, answering horticulture-related inquiries in the spring and summer. Time commitments vary by county. Indicate the days and months that are convenient for you. You will be contacted for specific dates.

MONTH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						

☐ My schedule is flexible. I can be available almost anytime with advance notice.

(continued)

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OPPORTUNITY CONTRACT — PAGE 2

Do you speak a language other than English? ☐ No ☐ Yes (language) _____

SELECT SEVERAL PROJECT AREAS OF INTEREST TO YOU.

Plant Clinic

- ☐ Plant clinic (identifying plant problems)

Garden Projects

- ☐ City beautification
☐ 4-H/youth garden projects
☐ Weed/insect collection
☐ Demonstration garden
☐ Senior citizen garden project

Support Activities

- ☐ Artwork, calligraphy
☐ Photo album, photography

Communications/Writing

- ☐ Garden newsletter articles
☐ Newspaper articles
☐ Publicity for Idaho Master Gardener Program

Landscape Design/Maintenance

- ☐ Extension office landscape
☐ Other landscapes (must be approved by the Master Gardener coordinator)

Speaker's Bureau

- ☐ Speaker/presenter (topic) _____

- ☐ For youth groups only
☐ For adult groups only
☐ Audience makeup is not crucial

Special Events

- ☐ Information booths
☐ Fundraising events
☐ Garden tours

Office Assistance

- ☐ Filing/organizing paperwork
☐ Typing, mailing, stapling, collating
☐ Telephone answering

Other

- ☐ Special project (topic) _____

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