



DATE RECEIVED: _____

APPLICATION (due by Friday January 27, 2017)

Please Print or Type

Name _____

Date _____

Mission: The *Haskell County 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:

- ▶ 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 Haskell County Extension Office.
- ▶ Be able to read and comprehend a notebook of support materials to be used for future reference.
- ▶ Complete the basic *Master Gardener Training Course*.

Present Occupation:

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

The cost of tuition is \$60.

How did you hear about the *Master Gardener Program*?

Explain briefly why you wish to become a *Master Gardener*.

AGREEMENT

I wish to become a *Haskell County Extension Master Gardener* and would be **available for all basic training sessions**. I understand that if accepted into the Master Gardener 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 a minimum of 20 volunteer hours annually.

Master Gardener volunteers may not participate in the *Haskell County 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 county 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.

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

Signature: _____ Date: _____

Name: _____

Address: Street _____

City _____ State _____ Zip _____

Telephone Number: Home _____ Cell _____

E-mail address: **Please provide an email if you have one as this allows for much faster communication**

Email: (print clearly) _____

Return Application to:

**K-State Research and Extension
Haskell County
503 S. Fairgrounds Rd
PO Box 580
Sublette, KS 67877**

Or email to lnote@ksu.edu