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