



For Office Only	
Date Received	_____
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Credit Card	Yes _____
Paid Amount :	\$ _____
Accepted:	Tue    Thur    Fri
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## 2014 Master Gardener™ Application

Thank you for reserving your spot in the 2014 Master Gardener Training.

*Fill out application COMPLETELY and return it with attached forms.*

**Name** (it will appear this way on your training badge) **Please Print**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Day Phone (    ) \_\_\_\_\_ Eve Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation (or retired from) \_\_\_\_\_

### Check class location:

**TUESDAYS January 7 – March 18, 2014 in Beaverton**  
First Baptist Church, 5755 SW Erickson Avenue, 97005

**THURSDAYS January 9 – March 20, 2014 in Oregon City**  
Museum of the Oregon Territory, 211 Tumwater Drive, 97045

**FRIDAYS January 10 – March 21, 2014 in South East Portland**  
Multnomah County Building, 501 SE Hawthorne, 97214

*If you are carpooling or intend to take the class with a friend...CLEARLY indicate here on both applications. We will do our best to accommodate. **Name of friend:***

\_\_\_\_\_

**In order for your application to be considered** for the Master Gardener volunteer program, please answer the following questions. Use additional paper if necessary. *Applications with unanswered questions will not be considered for service in our volunteer program.*

### 1. Why do you wish to become an OSU Extension Service Master Gardener?

2. What do you hope to learn in the MG program?

3. What kind of volunteer work have you done in the past? (i.e. scout, school, church, etc.) Describe a positive experience as a volunteer.

4. Do you understand the volunteer time commitment to the MG program (66 hr training and 66 hr internship) and how will it fit into your schedule?

5. What special skills or interests would you bring to this program?

6. How did you learn about the MG Program?

***If accepted into the program, I understand that there is a 66-hour service internship to be completed by October 1, 2014 before I receive my official OSU Extension Service Master Gardener name badge.***

***Your signature below acknowledges the following:***

*I would like to be accepted into the 2014 11-week OSU Extension Service Master Gardener Training followed by a 66-hour volunteer internship. I understand that when classroom training is completed, I will be expected to document 66 hours of volunteer service time by serving in an educational capacity by October 1, 2014 before I receive my official OSU Extension Service Master Gardener Volunteer name badge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail** this fully completed application along with all the signed attached forms to:

**Master Gardener Training  
Clackamas Co. Ext. Office  
200 Warner-Milne Rd.  
Oregon City OR 97045-4096**

We will notify you of your acceptance status and verify that you are fully registered upon receipt of all the required forms and payment.

Your signature verifies that you agree to the following...Refunds for check payments can be requested in writing by December 21, 2013. Credit card refund requests are processed separately. Please call for instructions. **No refunds** after December 21, 2013. If you have registration questions, call 503-655-8631.