



Return application to:  
UI Extension, Bonner County  
4205 North Boyer Ave.  
Sandpoint, ID 83836  
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208-263-8511

## 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)

Date

Address

Zip Code

Phone (day)

Phone (evening)

Signature

Date

Email Address

How did you learn about the Idaho Master Gardener Program?

Years of gardening experience \_\_\_\_\_ Where have you gardened before moving here?

Have you ever been in a Master Gardener program in Idaho or another state?  Yes  No

If yes, indicate where and year(s)

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 become an Idaho Master Gardener?

University of Idaho Extension  
**Idaho Master Gardener Program**

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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.

- |                                       |                                            |                                                |
|---------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> House plants | <input type="checkbox"/> Herbs             | <input type="checkbox"/> Turf                  |
| <input type="checkbox"/> Vegetables   | <input type="checkbox"/> Annual flowers    | <input type="checkbox"/> Shrubs                |
| <input type="checkbox"/> Tree fruits  | <input type="checkbox"/> Perennial flowers | <input type="checkbox"/> Ground covers         |
| <input type="checkbox"/> Berries      | <input type="checkbox"/> Ornamental trees  | <input type="checkbox"/> Other (specify) _____ |

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

- |                                              |                                                          |                                                               |
|----------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Garden magazines    | <input type="checkbox"/> Nursery/garden center personnel | <input type="checkbox"/> Family/friends/neighbors             |
| <input type="checkbox"/> Newspaper articles  | <input type="checkbox"/> University/college professors   | <input type="checkbox"/> Garden clubs                         |
| <input type="checkbox"/> Extension bulletins | <input type="checkbox"/> Extension office staff          | <input type="checkbox"/> Master Gardeners at extension office |
| <input type="checkbox"/> TV/cable stations   | <input type="checkbox"/> Radio stations                  | <input type="checkbox"/> Internet                             |

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

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

Do you speak a language other than English?  Yes (language) \_\_\_\_\_  No

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)?

- Yes    No

Check the skills you are good at:

- |                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Public speaking      | <input type="checkbox"/> Artistic              |
| <input type="checkbox"/> Writing              | <input type="checkbox"/> Manual labor          |
| <input type="checkbox"/> Computing/web design | <input type="checkbox"/> Marketing/media work  |
| <input type="checkbox"/> Typing, filing       | <input type="checkbox"/> 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.

# 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) \_\_\_\_\_ Date \_\_\_\_\_

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.

I speak a language other than English.  Yes (language \_\_\_\_\_)  No

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# University of Idaho Extensio

# Idaho Master Gardener Program

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## OPPORTUNITY CONTRACT—PAGE 2

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 make-up 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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