

APPLICATION/AGREEMENT
FOR
MASTER GARDENERS OF HAMILTON COUNTY



Name (PLEASE PRINT) _____

E-mail _____ Phone _____

Address _____ City _____ State _____ Zip _____

Optional-check all that apply: ___White/Not of Hispanic origin; ___Black/Not of Hispanic origin;
___Hispanic; ___American Indian/Alaskan Native; ___Asian or Pacific Islander; ___Female; ___Male

- I understand the title **MASTER GARDENER** is conditional upon receiving training, performing service hours, and reporting those hours.
- I understand that 40 hours of training are primarily by lecture. Some classes missed can be substituted by the videotape or a suitable alternative educational experience.
- I agree to perform forty (40) hours of volunteer community service the first year after training (ie. projects, events, consultations). I will report time spent, audience type and number, and type of work done.
- I understand that further CEU training (8hours) and further volunteer community service (27 hours) are required to retain **MASTER GARDENER STATUS** each year.
- I understand that a background check is required for Master Gardeners working with youth under 18. Cost covered by UT. Every Master Gardener signs a Child Protection Compliance Statement.
- I will submit a quarterly, written report of my training and volunteer service to support my continued status as a **MASTER GARDENER**.
- I agree to use UT recommendations or other University verified information for **MASTER GARDENER** exhibits, demonstrations, projects, advice, presentations, etc.
- I understand that a photo will be made, free of charge, for communications among instructors and other Master Gardeners in the directory.
- I understand that my brief **statement on the back of this application** gives my intentions about doing community service. This may be used in accepting or returning my application.

SIGNATURE

DATE

Use the back of this form to write a short paragraph about your community service plans. State why you will be a great Master Gardener. State some of your goals through taking this class.

Please indicate the class you want. Each class meets for 15 weeks. January - April
Monday Night Class 6:00pm -9:00pm–Starts January 8th _____
OR
Tuesday Morning Class 9:00am-Noon –Starts January 9th _____

Cost is \$170 for the class or \$270/couple.

Send application with a \$50 deposit. **Make check payable to - UT Extension.**

Mail, fax or email application to:
UT Extension – Hamilton County
Master Gardener Program
6183 Adamson Circle
Chattanooga, TN 37416

(423) 855-6113 phone
(423) 855-6115 fax
Tom Stebbins at tstebbins@utk.edu