



NMSU COLLEGE OF AGRICULTURE, CONSUMER AND ENVIRONMENTAL SCIENCES

Valencia County Cooperative Extension Service
PO Drawer 1059
404 Courthouse Road
Los Lunas, NM 87031

Phone: (505) 565-3002
Fax: (505) 565-1316

http://valenciaextension.nmsu.edu

MASTER GARDENER APPLICATION FORM

INSTRUCTIONS: Return this application and payment for the class fee to the Valencia County Cooperative Extension Service Office (physical address: 404 Courthouse Road, Los Lunas, NM) by, January 2, 2018. If you plan to mail your application and check or money order, mail to: 404 Courthouse Rd., Los Lunas, NM 87031. If you have any questions, please call Newt McCarty, Extension Agriculture Agent at (505) 565-3002. Make checks or money orders payable to Valencia County Extension Master Gardeners (cash will not be accepted).

PART I—All Applicants Must Complete:

Circle One: (see section IV for description)

Track I: Master Gardener Application \$150.00 Track II: Course Audit ONLY \$250.00

Date: _____

Name: _____
Last First Middle

Address: _____
Street/PO Box City State Zip Code

Home Phone: _____ Work Phone: _____

Male _____ Female _____ Are you over 18 years old? _____

e-mail Address: _____

How did you find out about the Extension Master Gardener Program?

PART II—Personal Information:

1. Are you presently employed? _____ How many hours per week? _____

If not, do you anticipate obtaining a job within the next 12 months? _____

If so, do you expect to work full-time or part-time? _____

2. Do you drive a car? _____ If not, do you have access to reliable transportation? _____

3. Do you have any medical problems that might affect your ability to complete the required volunteer work as a Master Gardener? [] YES [] NO

New Mexico State University is an equal opportunity/affirmative action educator and employer. NMSU and the US Department of Agriculture cooperating. If you are an individual with a disability who is in need of an auxiliary aid or service to participate in any activity, please contact the Valencia County Cooperative Extension Service Office @ (505) 565-3002.

4. Have you ever participated in a Master Gardener Program? _____
If so, when and where? _____
5. Have you done other volunteer work of any kind? _____
If so, please describe:
6. Are you, or have you ever, been a member of any garden club, plant society or other horticultural organizations? If so, list the organization(s) to which you belong(ed) and the length of time you have been (or were) a member:
7. How long have you lived in the Valencia County area? _____
Where did you live prior? _____
How many years have you gardened in Valencia County? _____
8. Do you have any special expertise (For example: vegetable gardening, greenhouse gardening, roses, cacti, landscape, house plants)? You may use the back of this application if necessary. What specialized knowledge or experience do you have that you could contribute to the program?
9. How do you feel about the use of the pesticides and chemical fertilizers?

PART III—Education and Work Experience

1. What is the highest level of formal education you have completed? Include any technical or vocational training. If you attended college, please indicate your major field(s) of study.
2. Have you taken any courses relating to horticulture which you feel might be helpful to you as a Master Gardener? Please specify.

3. Have you had any kind of work experience which you feel would be of value to you as a Master Gardener? Please specify.

4. Have you had any experience in any of the following areas? (Please indicate by circling)

Teaching Public Speaking Secretarial Work
Writing Publications Youth Programs

5. Why do you want to become a Master Gardener? (Use the back of the application, if necessary)

PART IV—Application Completion

Please mark your selection:

TRACK 1: Master Gardener Program

I have read the description of the program provided with the application and understand the purpose and function of the Extension Master Gardener program as stated therein. I am expected to attend all training classes and must pass all examinations before being allowed to work as an Extension Master Gardener. I agree to donate a minimum of 40 hours of volunteer service to the program this year and each year of participation. I will represent myself as an Extension Master Gardener only when providing volunteer work, not when working in a paid capacity. I agree to pay **\$150.00**.

TRACK 2: Course Audit ONLY

I have read the description of the training program provided with the application and understand my participation is limited to course completion only, as described therein. I am expected to attend all training classes and must pass all examinations before receiving a certificate of training. I will not represent myself as an Extension Master Gardener in any capacity. I agree to pay **\$250.00**.

***MAKE CHECKS OR MONEY ORDERS (no cash) PAYABLE TO:
"Valencia County Extension Master Gardeners"***

Signature: _____

Date: _____

RETURN APPLICATION BY, January 2, 2018 TO:

**Valencia County Extension Service
404 Courthouse Rd.
Los Lunas, NM 87031**

**For questions or more information contact J. Newton McCarty, Extension Agriculture Agent at:
(505) 565-3002, or via email: jnewton3@nmsu.edu**