



**UF Master Gardener Application Form – UF/IFAS Extension Miami-Dade County**

**Date:**

**Name:**

**Address:**

**City and Zip Code:**

**Email:**

**Phone Number:**

How did you learn of the Florida Master Gardener Volunteer Program?

Why do you want to become a Florida Master Gardener Volunteer?

What ideas do you have for the type of volunteer hours you can do toward completion of your commitment?

Have you applied for Master Gardener Volunteer training before?

If you have lived in your current address for less than 5 years, what was your address before that?

Do you know any Master Gardener Volunteers? If so, who?

Have you ever attended an Extension sponsored event?

What do you know about Extension services?

How much time can you devote to being a Master Gardener Volunteer?

Do you have a garden? Please describe if so.

Tell us about a garden issue you have had, and how you've dealt with it.

What are your favorite horticultural interests?

Are there gardening/teaching activities that you would not like to do?

Do you work better in a team setting, or individually?

Tell us about the personal skills you will bring to the program.

Do you volunteer or are you involved in other programs in the community? If so, what are they?

Are you a full-time resident of South Florida?

Do you speak any foreign languages?

How often do you check your email?

Would you be comfortable with helping people over the phone?

Do you have any teaching experience?

**Experience:**

What, if any, formal gardening experience do you have, e.g., garden clubs, horticultural societies, etc.?

What types of volunteer work have you done in the past or are currently doing?

Computer Skills (list computer skills you are comfortable with)

**Personal References:**

Name of First Reference:

Phone of First Reference:

Relationship to First Reference:

Email of First Reference:

Name of Second Reference:

Phone of Second Reference:

Relationship to Second Reference:

Email of Second Reference:

Name of Third Reference:

Phone of Third Reference:

Relationship to Third Reference:

Email of Third Reference:

**Criminal History:**

Have you ever pleaded “nolo contendere” (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first-degree misdemeanor or a felony?

If “Yes”, please list the date(s):

Please fully explain the offense and disposition:

**Consent / Authorization:**

Date of Birth:

**Driver’s License Number:**

**Signature (Printed):**