



## Chesapeake Master Gardener Volunteer Application

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Department of Agriculture  
310 Shea Drive  
Chesapeake, VA 23322-5571

Phone: 757-382-6348  
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### Personal Information: (please print)

Full Name: \_\_\_\_\_

Name for class name badge: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a resident of Chesapeake?

Yes  No

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Did a Master Gardener refer you?

Yes  No

If yes, who? \_\_\_\_\_

### Employment Information:

Name of Business: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

May we contact you at work?  Yes  No

Are you a city or government employee?

Yes  No

Department Name: \_\_\_\_\_

Is this course for your employment?

Yes  No

Supervisor's Name: \_\_\_\_\_

*(Check all that apply)*

I can attend weekday morning training sessions

I can attend weekday evening training sessions

**In order to help us better help you succeed in the Chesapeake Master Gardener Program please rank ALL the topics below by your level of interest: (10 = very interested and 1 = no interest)**

\_\_ animal/wildlife gardening

\_\_ bees/bugs/butterflies

\_\_ bulbs

\_\_ disease/IPM

\_\_ greenhouse

\_\_ house plants/tropicals

\_\_ perennials

\_\_ pruning

\_\_ sales/raffles

\_\_ soils

\_\_ water/bog gardens

\_\_ woodworking/displays

\_\_ other plant specialties (write in below - bonsai, African violets, orchids, daylilies, iris, camellias, maples etc)

\_\_ annuals

\_\_ birds

\_\_ composting/organics

\_\_ edibles/vegetables

\_\_ herbs

\_\_ maintenance landscape

\_\_ photography

\_\_ publicity

\_\_ shade plants

\_\_ travel/tours

\_\_ water quality

\_\_ writing

\_\_ arts&crafts

\_\_ botany

\_\_ design

\_\_ flower arranging

\_\_ working with at-risk youth

\_\_ native plants

\_\_ propagation

\_\_ roses

\_\_ shrubs and trees

\_\_ turf care

\_\_ website/computers

\_\_ xeriscaping

<p><b>Volunteer Experience:</b>  Have you or do you volunteer anywhere else?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so where? _____  _____</p> <p>What activities were you involved? _____  _____</p> <p>Are you aware that you are required to volunteer 50 hours the first year after completing the program and 28 hours each subsequent year?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How many hours/year do you expect to volunteer?  _____</p> <p>What time frame is best for you to volunteer?  (ie weekday afternoons during the school year)  _____</p> <p>How many miles are you willing to drive to participate in a program? _____</p>	<p><b>Skills:</b>  Do you speak a language other than English?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Which languages? _____  _____</p> <p>What description best describes you? <b>(check one)</b>  <input type="checkbox"/> garden beginner    <input type="checkbox"/> experienced gardener  <input type="checkbox"/> professional horticulturist or govt. employee  <input type="checkbox"/> specialty gardener (ie orchids, roses, vegetables)  specialty? _____</p> <p>Do you have any other hobbies, talents or interests?  (ie sculpture, finance, reading, dogs)  _____</p> <p>How comfortable are you speaking in public?  <b>(check one)</b>  <input type="checkbox"/> very uncomfortable    <input type="checkbox"/> uncomfortable  <input type="checkbox"/> okay    <input type="checkbox"/> comfortable    <input type="checkbox"/> very comfortable</p> <p>What age groups do you prefer to work? <b>(check all)</b>  <input type="checkbox"/> preschool    <input type="checkbox"/> K-5    <input type="checkbox"/> 6-8  <input type="checkbox"/> high school    <input type="checkbox"/> college    <input type="checkbox"/> adults  <input type="checkbox"/> elderly</p>
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Please list all the reasons why you want to become a Chesapeake Master Gardener?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please make your check for \$125 payable to “VCE Chesapeake”**

**Mail to:**  
CMGV Intern -Dept. of Agriculture  
310 Shea Drive  
Chesapeake VA 23320

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

If you are a person with a disability and desire assistance or accommodation, please notify Mike Andruczyk at 757-382-6348 in the Chesapeake VCE Office during the business hours of 7 a.m. and 5 p.m. \*TDD number is (800) 828-1120.