



Bluebonnet Master Gardener Volunteer Program Application

Name _____

Last

First

Address _____

City _____ Zip _____

Birthday (year not necessary) _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

E-Mail Address _____

Former or Current Employer _____

Occupation _____

How did you learn of the Master Gardener Volunteer Program?

Newspaper _____ Current Master Gardener _____ Other _____

Have you applied to the Master Gardener program before? Yes No

If yes, when did you apply? _____

County of Residence _____

Previous volunteer experience

Organization _____ Dates ____ / ____ to ____ / ____

Volunteer Duties _____

Organization _____ Dates ____ / ____ to ____ / ____

Volunteer Duties _____

Organization _____ Dates ____ / ____ to ____ / ____

Volunteer Duties _____

What other clubs or organizations do you belong to? _____

What are your hobbies or interests? _____

Why do you want to become a Master Gardener? Attach additional paper if needed.

I wish to become a Bluebonnet Master Gardener and would like to be accepted into the training program. I understand that this a volunteer program and if I am accepted into the program and if I successfully complete the course, I will donate at least 50 hours of public service within the next 12 months through the Bluebonnet Master Gardener Volunteer Program.

Signature _____ Date ____ / ____ / ____

Please make checks payable to

Bluebonnet Master Gardener Association

and mail to:

Texas A&M AgriLife Extension Service - Austin County
Courthouse, 1 East Main
Bellville, Texas 77418