



## Massachusetts Horticultural Society 2008 Master Gardener Training Program Application

To be considered for the fall 2008 class, completed applications must be postmarked by August 1, 2008. Applications received after this date will be held for review for the following session.

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

Name by which you prefer to be called or have listed on your Master Gardener paperwork/badge:

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Day Evening Cell

Fax number: \_\_\_\_\_ email: \_\_\_\_\_

If you are accepted into the class, may we list you in the Master Gardener Directory? Yes No

How did you learn about the Master Gardener program?

Newspaper MassHort Literature Referred by Master Gardener (name) \_\_\_\_\_

TV/Radio MassHort Staff Flower Show Website Other \_\_\_\_\_

Are you a current member of the Massachusetts Horticultural Society? \_\_\_\_\_

How many years have you been gardening? \_\_\_\_\_

What is/was your career? \_\_\_\_\_

Are/were you ever a member of the green industry? \_\_\_\_\_

If yes, in what capacity? Landscaper Garden Designer Garden Center Employee

Grower/Farmer Garden Maintenance Other \_\_\_\_\_

**Please indicate the areas of gardening in which you feel competent:** (Please circle all that apply)

General Gardening   Vegetables   Perennials   Fruit   Woody Ornamentals   Natives   Orchids   Houseplants  
Herbs   Lawns   Bonsai   Organic Gardening   Roses   Floral Design   Soil/Compost   Other \_\_\_\_\_

**Please indicate other skills with which you feel competent:**

Teaching/Demonstration   Pruning/Grafting   Landscape Design   Docent  
Public Speaking   Writing/Researching   Other \_\_\_\_\_

**What coursework or training related to gardening or horticulture have you had that you feel might help you as a Master Gardener?**

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**Please list your past or present horticultural group affiliations (e.g. garden clubs, plant societies, community gardens, etc.) and the length of time that you have been affiliated with these groups.**

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**Please list your volunteer experiences in your community (e.g. at schools, churches, senior centers, youth groups, hospitals, etc.) as well as dates and length of your service.**

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**Which area(s) of horticulture would you most like to learn more about?**

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**Please circle your answers to the following questions:**

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|---|-----|----|
| <b>Do you have experience teaching adults?</b>  | Yes | No |
| <b>Do you have experience teaching children?</b>  | Yes | No |
| <b>Are you comfortable speaking in public?</b>  | Yes | No |
| <b>Would you be comfortable using lab/testing equipment if you were trained to do so?</b> | Yes | No |
| <b>Do you have experience using computers?</b>  | Yes | No |



**Please read and agree to the following:**

I wish to become a certified Massachusetts Horticultural Society Master Gardener and request acceptance into the fall 2008 Thursday day Massachusetts Horticultural Society Master Gardener Training Program.

If accepted into the Master Gardener Training Program, I agree to meet the following responsibilities:

1. To complete the Training Program including passing the exam with a minimum score of 70%.
2. To meet the course's minimum attendance policy. The maximum number of allowed absences for the evening class is three classes; for the day class, two full-day classes. Three tardies of 25 minutes or more is the equivalent of one evening or a half-day absence. The Massachusetts Horticultural Society reserves the right to withdraw candidates from the program. Candidates who are withdrawn may request reinstatement for the following training session by explaining in writing why classes were missed.
3. Completion of class project with help from MassHort staff.
4. To complete all required course work and homework by the last class. This includes a final take-home exam. This will include a four-hour observation of the HortLine on my own time.
5. To complete my 60-hour internship within two years.
6. To become a member of the Massachusetts Horticultural Society, and to maintain my membership in good standing. (A one-year family membership is included in your \$500 tuition fee. Existing MHS members will have their membership extended by one year.)

I understand that I will not be a certified Master Gardener until I have successfully completed the training course, passed the written exam with a minimum grade of 70%, and have provided 60 hours of volunteer service to Massachusetts Horticultural Society in a two-year period. I understand that upon completion of the requirements mentioned above, I will become a Certified Master Gardener. I will use information gained from the training for giving advice and recommendations to the general public. I will not use my Master Gardener title to promote a commercial venture or for financial gain.

I understand that to remain an active Master Gardener, I must

- 1) Submit quarterly records of my volunteer hours.
- 2) Commit at least 20 hours to the Massachusetts Horticultural Society Master Gardener Program on a yearly basis (8 hours must be spent on the HelpLine).
- 3) Attend necessary continuing education programs.

I have enclosed a nonrefundable registration fee of \$25 with the application. By signing this form, I agree to send the tuition fee of \$450 for members/\$500 for nonmembers within two weeks of my acceptance into the program. By signing this form, I also agree to allow photographs of my study or volunteer time as a Master Gardener to be taken for use in promotions by MHS.

I have read the above statement and understand the requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Send your application and registration fee to:

**Massachusetts Horticultural Society  
Attn: Master Gardener Training Program  
Horticulture Center at Elm Bank  
900 Washington Street  
Wellesley, Massachusetts 02482-5725**