



Chesapeake Master Gardener Volunteer Application (Additional Questions)

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Personal Information: (please print)

Full Name: _____

Name for class name badge: _____

T-Shirt Size _____

Are you a resident of Chesapeake?
 Yes No

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>Volunteer Experience: Have you or do you volunteer anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No If so where? _____</p> <p>_____</p> <p>What activities were you involved? _____ _____</p> <p>_____</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 a year do you expect to volunteer upon completion of the training program? _____</p> <p>What time frame is best for you to volunteer? (i.e. weekday afternoons during the school year) _____</p> <p>_____</p> <p>How many miles are you willing to drive to participate in a program?</p>	<p>Skills: Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No Which languages? _____</p> <p>_____</p> <p>What description best describes you? (check one) ___ garden beginner ___ experienced gardener ___ professional horticulturist or govt. employee ___ 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>_____</p> <p>How comfortable are you speaking in public? (check one) ___ very uncomfortable ___ uncomfortable ___ okay ___ comfortable ___ very comfortable</p> <p>What age groups do you prefer to work? (check all) ___ preschool ___ K-5 ___ 6-8 ___ high school ___ college ___ adults ___ elderly</p> <p>Would you like or need a Powerpoint class?</p>
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Please list all the reasons why you want to become a Chesapeake Master Gardener?

Your application fee will be required upon acceptance into the program. Upon notification, please make your check for \$125 payable to “VCE Chesapeake” (Returned check fee—\$50.00). This fee cannot be paid by credit card.

A separate non-refundable background check fee in the amount of \$9.95 is required as part of the application process. This fee may be paid online when your name is submitted for the background check OR you may submit a check with your application. Checks should be made payable to VCE-Chesapeake. (Returned check fee—\$50.00). My check is attached _____ I prefer to pay online _____.

Mail completed application to: CMGV, Department of Agriculture, 310 Shea Drive, Chesapeake, VA 23322

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