

## **Application to Join the "Cochrane District Master Gardeners" Group to become a Master Gardener.**

Name:

Date:

Home Address:

Mailing Address: (if different)

Postal Code:

*Contact Info:*

Phone/s:

Email:

Do you have Skype? Facetime? Facebook messaging? or other forms of online communication?

Occupation:

Hours Available:

Days Available: (ex: Tuesdays only, weekends, schedule varies)

Types of Volunteer Experiences:

Years of Volunteer Experience:

Years of Gardening Experience:

List any training, formal courses, certificates, or degrees you have in the field. (If none, write NA)

List your areas of special interest related to gardening.

List your special skills or talents which would be useful to a Master Gardener group  
(public speaking, computer skills, etc.).

Signature: (not required if answering by email)