

Master Gardener Volunteer Application

The information you provide on this form will help us find the most satisfying and appropriate volunteer opportunity for you. Please fill out, save and email to hlw2@cornell.edu or mail to Holly Wise, 121 Second St. Oriskany, NY 13424. Your cooperation in completing this form is appreciated.

Name _____

Address _____

Telephone (home) _____ (other) _____ Best
time to contact _____
e-mail contact _____

What are you hoping to get out of the experience of training and volunteering in the Master Gardener Program?

What is your favorite type of gardening?

In which type of gardening do you feel you have the least experience?

When are you available to volunteer? Please circle the days you are available and write the time you are available next to the day.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Look at the second page of items of interests. Once you evaluate yourself, come back to this question. How will you plan to meet the 40 volunteer hrs. per year for this program?

Items of Interests (Please mark each item according to your level of interest.)

What I like to do	All the time	Most of the time	A little	Not at all
Take responsibility				
Speak to groups				
Speak to other gardeners				
Meet people				
Look up Information				
Write letters/instructions				
Draw and sketch				
Surf the internet				
Talk on the telephone				
Guide children				
Help the elderly				
Assist with the disabled				
Lead discussion groups				
Take notes				
Attend lectures				
Do gardening				
Talk about gardening				
Make decisions				
Follow instructions				
Teach				
Work independently				
Work with one or two others				
Improving your community				
Improving you own garden				
Conduct telephone interviews/surveys				