



Chesapeake Master Gardener Volunteer Application

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<p>Personal Information: (please print)</p> <p>Full Name: _____</p> <p>Name for class name badge: _____</p> <p>Home Address: _____ _____ _____</p> <p>Are you a resident of Chesapeake? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Home Phone: _____ Cell Phone: _____ E-Mail: _____</p> <p>Did a Master Gardener refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who? _____</p>	<p>Employment Information:</p> <p>Name of Business: _____ _____</p> <p>Work Phone: _____</p> <p>May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a city or government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Department Name: _____</p> <p>Is this course for your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supervisor's Name: _____</p> <p><i>(Check all that apply)</i></p> <p><input type="checkbox"/> I can attend weekday morning training sessions</p> <p><input type="checkbox"/> I can attend weekday evening training sessions</p>
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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)

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|--|--------------------------|-------------------------------|
| __ animal/wildlife gardening | __ annuals | __ arts&crafts |
| __ bees/bugs/butterflies | __ birds | __ botany |
| __ bulbs | __ composting/organics | __ design |
| __ disease/IPM | __ edibles/vegetables | __ flower arranging |
| __ greenhouse | __ herbs | __ working with at-risk youth |
| __ house plants/tropicals | __ maintenance landscape | __ native plants |
| __ perennials | __ photography | __ propagation |
| __ pruning | __ publicity | __ roses |
| __ sales/raffles | __ shade plants | __ shrubs and trees |
| __ soils | __ travel/tours | __ turf care |
| __ water/bog gardens | __ water quality | __ website/computers |
| __ woodworking/displays | __ writing | __ xeriscaping |
| __ other plant specialties (write in below - bonsai, African violets, orchids, daylilies, iris, camellias, maples etc) | | |

<p>Volunteer Experience: Have you or do you volunteer anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so where? _____ _____</p> <p>What activities were you involved? _____ _____</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/year do you expect to volunteer? _____</p> <p>What time frame is best for you to volunteer? (ie weekday afternoons during the school year) _____</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</p> <p>Which languages? _____ _____</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>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>
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Please list all the reasons why you want to become a Chesapeake Master Gardener?

Please make your check for \$125 payable to “VCE Chesapeake”

Mail to:
CMGV Intern -Dept. of Agriculture
310 Shea Drive
Chesapeake VA 23320

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

If you are a person with a disability and desire assistance or accommodation, please notify Mike Andruczyk at 757-382-6348 in the Chesapeake VCE Office during the business hours of 7 a.m. and 5 p.m. *TDD number is (800) 828-1120.