

Extension Master Gardener Trainee Application Form

**Please print this form, complete the information in its entirety and return by February 1st to:
Virginia Cooperative Extension 1257 County Farm Rd., Suite B Bedford, VA 24523**

A. GENERAL INFORMATION

Last Name _____ First Name _____

Address _____

How long at this address? _____ Date of Birth _____

B. CONTACT INFORMATION

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

C. AVAILABILITY (Please mark an "X" to indicate days/times you are **Unavailable** for volunteering)

	Weekdays		Weekends	
	AM	PM	AM	PM
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

D. OTHER VOLUNTEER EXPERIENCE

Organization	Type of Service	Types of Activities

I. BEDFORD EXTENSION MASTER GARDENER ENROLLMENT AGREEMENT

Enrollment Agreement

I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, military status, or any other basis protected by law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature of Volunteer Applicant and Date

J. APPLICATION FEE

The fee for this course, \$150.00, is due at the time of the interview. This fee includes a \$10.00 nonrefundable fee for a background check. The \$150.00 course fee is non-refundable once applicants are accepted to the course. Make checks payable to "BAMGA". Applications received after February 1st will be charged \$165.00 for the course (to include late fee).

FOR VCE INTERNAL USE ONLY

Date Volunteer Application received _____

Application requires further action? Yes No

Applicant met qualifications? Yes No

Date acceptance letter sent _____

Date rejection letter sent _____

Signature of VCE Representative/Date

INTERESTS & SKILLS QUESTIONNAIRE

Please print name clearly _____

It takes many people with diverse skills to run the Bedford Extension Master Gardener program. We are ALL volunteers. On this page, please indicate any of your particular interests and skills and briefly describe the context in which they have been developed.

How did you hear about the Bedford Extension Master Gardener Program?

What are your previous gardening experiences? Please list any specialized gardening skills/knowledge (xeriscape, water gardening, organic gardening etc.)

Skill/Interest		X	Proficiency and/or Comments
Computer	Don't use one		
	Email Only		
	Use extensively		
	Data Entry		
	Desktop Publishing		
	Web design/mgmt.		
	Microsoft Excel		
	Microsoft Word		
Arts & Publication	Microsoft Powerpoint		
	Videography		
	Digital Photography		
	Scrap Book Design		
	Graphic Design		
	Writing		
Business	Editing/Proofreading		
	Finance/Auditing		
	Marketing		
	Program Management		
Miscellaneous List age groups & sizes	Catering event planning		
	Teaching		
	Leading groups		
	Leadership Training		
	Public Speaking		
Other (List any additional skills & interests)	Language Skills		

Updated 1/29/2025