

2020 Idaho Master Gardener Application



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Alternate Phone: _____

Email: _____ DOB: _____

How did you learn about the Idaho Master Gardener Program? _____

How many years of gardening experience do you have? _____

How would you rate your gardening skills? _____

Have you ever been in a Master Gardener Program? If so, where and when? _____

Are you a member of any gardening clubs or other horticultural related societies? If so, which ones? _____

Please list any horticultural schooling you have received. _____

Please list areas of interest (i.e. roses, herbs, vegetables). _____

Additional information you would like to add: _____

The signature below indicates the information provided is true to the best of my knowledge. It also signifies that I agree to the requirements of the Idaho Master Gardener Program, which are as follows:

- To receive my Idaho Master Gardener certification, I am required to complete at least 40 hours of classroom training and at least 40 hours of volunteer service during my first year as a trainee.
- Once all certification requirements are met, I am eligible for a refund of \$100.
- I understand that certification and the benefits that come with it are valid for 1 year and that recertification options are available for subsequent years.

Signature: _____ Date: _____

Return this form, along with a check for \$150.00 made out to **“Latah County Extension”** by **January 10, 2020** to the University of Idaho, Latah County Extension Office
200 S. Almon Street, Ste 201 | Moscow, ID 83843

To enrich education through diversity the University of Idaho is an equal opportunity/affirmative action employer and educational institution. In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact Ember Powell by January 10, 2020 at 200 S. Almon St, Ste 201 Moscow, ID 83843
Phone: (208) 883-2267 | Email: latah@uidaho.edu