



**CLEMSON EXTENSION MASTER GARDENER VOLUNTEER TRAINING APPLICATION**

I wish to become a Master Gardener and would like to be accepted into the volunteer training program. The classes will be held weekly in Beaufort at the Clemson Extension office Tuesday afternoons 1-4pm, January 23-April 10, 2018. I agree to **donate 40 hours of volunteer service to the Clemson Master Gardener program.**

**Mail, scan or fax this application**

**Laura Lee Rose  
County Extension Agent  
Beaufort County Extension Service  
18 John Galt Road  
Beaufort, SC 29906**

**Phone number 843 255-6060 extension 117**

**email: lrose@clemson.edu**

Please print.

Name: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



BEAUFORT COUNTY EXTENSION  
P.O. Box 189, Beaufort, SC 29901-0189  
102 Industrial Village Rd, Suite 101, Beaufort, SC 29906  
(843)-255-6060 Fax (843) 255-6065

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer.

*Public Service Activities*

1. Years and area of horticulture experience:
  
2. List any training you have already received related to horticulture.
  
3. List your employment, organizations or other affiliations related to horticulture.
  
4. List your hobbies and interests (include non-horticulture activities).
  
5. Why do you want to become a Master Gardener?
  
6. Please highlight skills that you possess that could be used to strengthen our program (i.e. writing, editing, public speaking, management, graphic design, web design, etc.).