



**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 at the Clemson Extension office 18 John Galt Rd. Beaufort, SC 29906. Class meets on Tuesday afternoons 1-4 pm January 22 to April 16, 2019. Graduation will be held on Friday April 19, 2019.

I agree to **donate 40 hours of volunteer service to the Clemson Master Gardener program.**

Mail this application

Laura Lee Rose  
County Extension Agent – Horticulture  
Beaufort County Extension Service  
18 John Galt Rd.  
Beaufort, SC 29906  
Email: [lrise@clermson.edu](mailto:lrise@clermson.edu)

Please print.

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

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

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

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

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

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

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

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



1. List any training you have already received related to horticulture.
  
2. List your employment, organizations or other affiliations related to horticulture.
  
3. List your hobbies and interests (include non-horticulture activities).
  
4. Why do you want to become a Master Gardener?
  
5. 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.).