



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 5-April 5, 2016. 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
P.O. Box 189
Beaufort, SC 29901**

**Phone number 843 255-6060 extension 117
Fax number 843 255-6065
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.).