



THE UNIVERSITY OF ARIZONA

Cooperative Extension

# The University of Arizona Cooperative Extension Master Gardener Cochise County Application

To apply, please complete this form and sign the Memorandum of Agreement. Mail both documents along with payment to: **UA Cooperative Extension Master Gardener Program, 1140 N Colombo, Sierra Vista AZ 85635.** Your payment (payable to: **University of Arizona**) must be included with your application.

## Spring 2025 U of A Cooperative Extension Master Gardener Training

January 29– May 2025 (Wednesdays), 10:00 a.m. – 1:00 p.m.

U of A Sierra Vista, Room 503, 1140 N. Colombo, Sierra Vista

**Applications and non-refundable course fee must be received by: January 27, 2025**

Any questions? Please call Jan Groth (520)559-7078



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

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

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

Telephone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred name (if different from above): \_\_\_\_\_

**Please complete the following (attach a separate sheet if necessary):**

1. Select one option below and check the appropriate box.

**Option A: Volunteer time.** I want to participate in the Master Gardener Training AND volunteer 50 hours required in order to become a Certified Cooperative Extension Master Gardener. The cost of this option is **\$175** and includes the Master Gardener manual, Master Gardener shirt, and all course materials.

**Option B: No volunteer time.** I want to participate in the Master Gardener Training and NOT volunteer any time. The cost of this option is **\$275**. This fee includes the Master Gardener manual and all course materials and does not require a volunteer commitment. Due to limited space, preference is given to Option A applicants.

If you selected **Option A**, please confirm that you will be able to commit and volunteer the necessary hours needed to become a Certified Cooperative Extension Master Gardener? Please describe your general availability and why you would like to become a Master Gardener.

2. How long have you lived in Cochise County? \_\_\_\_\_ If you are not a native of Arizona, what state are you from?

\_\_\_\_\_

For Office Use Only	
Paid Date:	_____
Check #:	_____
Memo:	_____
Approved:	Yes No
By:	_____
Date:	_____

3. Years of gardening experience \_\_\_\_\_. Type of gardening experiences and related training. List any specialized garden-related training you have received.
  
4. Please list areas of interest, specialization, or hobbies related to gardening or plants. (i.e. ornamentals, native plants, vegetables, herbs, cacti, succulents, house plants, fruit trees, pruning, roses, community gardening, etc.)

**Questions 5- 7 are for those selecting Option A only.**

5. List any special skills you have which would be useful to the Cooperative Extension Master Gardener Program. (i.e. graphic design, illustration, journalism, public speaking, computers, photography, fund-raising, etc.).
  
6. Years of volunteer experience \_\_\_\_\_. List volunteer activities that you have participated in within the last five years.
  
7. Cooperative Extension Master Gardeners are volunteers that provide science-based horticulture information to the community. Following are some of the activities – please check the activities that are especially interesting to you.
  - Home horticulture telephone calls and visitor inquiries at the Cooperative Extension office
  - Public speaking (e.g. giving horticulture talks to small groups)
  - Public Relations (TV, radio, newspaper, newsletters, etc.)
  - Answering horticulture questions at Master Gardener information tables (e.g., Farmers Markets)
  - Youth Gardening (working with schools, youth groups) This area requires a fingerprint criminal background check.
  - Computers (word processing, spreadsheets, PowerPoint, graphic design, etc.)
  - Other \_\_\_\_\_

**Option A Applicants Only:** *I wish to enroll in the Master Gardener Training course offered by the University of Arizona Cooperative Extension. I understand that when I complete the course and pass a written examination, I will be an Associate Master Gardener. I also understand that my absence from more than three (3) class sessions will result in failure to complete the course. I further understand that in exchange for the training, I will volunteer at least 50 hours of my time to the Master Gardener Program by June 30 of the following year (approximately 13 months after completion). At the completion of 50 hours I will become a Certified Cooperative Extension Master Gardener.*

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

**Option B Applicants Only:** *I wish to enroll in the Master Gardener Training course offered by the University of Arizona Cooperative Extension. I understand that I will receive a certificate of completion when I complete the course and pass a written examination. I also understand that my absence from more than three (3) class sessions will result in failure to complete the course.*

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

The University of Arizona is an equal opportunity provider. Learn more at [extension.arizona.edu/legal-disclaimer](http://extension.arizona.edu/legal-disclaimer) Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the University of Arizona Cooperative Extension at (520) 384-3594. Requests should be made as early as possible to allow time to arrange the accommodation.