



OSU EXTENSION
**ROGERS COUNTY
 MASTER GARDENERS**

Master Gardener Application 2025

Interview Date: _____ Time _____
 (We will fill this part out.)

Please Print

Name _____

Address: _____

City, State, & Zip: _____

Phone Numbers (s) daytime: _____ (others) _____

E-Mail (Required) _____

Why do you want to become a Master Gardener? _____

Starting January 9, 2025, are you willing and able to commit to fourteen (14) weekly class dates from 9:30 a.m. until 3:00 p.m.?

_____ If no, explain _____

What are your feelings about Master Gardening Training requiring approximately 70 hours of lecture, attendance, fieldtrips, and additional study?

Are you aware that after completion of the MG course in April 2025, you are expected to contribute 50 hours of volunteer service back to the Rogers County-OSU Extension program by January of 2026? _____

Are you willing to continue additional education training and give 25 volunteer hours the following year to maintain active MG status? _____

If you are accepted into the Rogers County MG Program, are you considering continuing participation in the Master Gardener Program after your initial 50 volunteer internship hours? Initial please _____

Please list and comment on any volunteer experience you have given: _____

If selected for the Master Gardener Program, give some suggestions as to how you could use your volunteer training and experiences for helping homeowners and others.

List any training or work experience in the horticulture or plant services field.

What other skills can you contribute to the Master Gardener Program?

(computer knowledge, bookkeeping, lawn care, working with kids, senior citizens, public speaking, creative writing)

What is your current or previous occupation?

If you are a full-time employee, please explain how you feel you will be able to fulfill the payback volunteer commitment of 50 hours?

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? **(Background checks will be required.)**

Yes _____ No _____ If yes, please explain: _____

I wish to apply for the Rogers County Master Gardener Program. If selected, I understand that I will successfully complete the entire course training. I further agree to volunteer not less than 50 clock hours of my time back to the Master Gardener Program during the spring, summer, and fall months of 2025

Signature: _____ Date: _____

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