

**OREGON STATE UNIVERSITY EXTENSION SERVICE
COLUMBIA COUNTY
MASTER GARDENER™ APPLICATION FORM**



I wish to become a Master Gardener™ and would like to be accepted into the training program. I understand that when classroom training is completed I will be expected to give back the same amount of time in some educational capacity to others and that I will be a volunteer staff member of the OSU Extension Service.

PLEASE NAME _____
 PRINT ADDRESS _____
 OR CITY _____ STATE _____ ZIP _____
 TYPE COUNTY _____ NIGHT PHONE _____ DAY PHONE _____
 E-MAIL _____

ETHNICITY: (optional) ___ White ___ Black ___ Native American ___ Hispanic ___ Asian

We sometimes need special skills. Please check the activities you might be able to help with:

- Graphics, artwork, posters
- Photography, digital imaging
- Writing, newsletter, publicity
- Public speaking (clubs, schools)
- Woodworking and related crafts
- Secretarial skills: ___ mailings, ___ typing, ___ filing, ___ other _____
- Computer skills: ___ spreadsheet ___ word processing; ___ Microsoft Word; ___ access to laser printer; ___ desktop publishing; ___ database entry ___ web page
- Language other than English (specify) _____

I like working with:

- Youth projects
- Dirt under the fingernails projects
- Organizing events
- Planning new programs
- Researching for answers
- Reference library organizing
- Other (specify) _____

____ Hobbies _____

Your profession and past professions _____

Musical Instrument _____

Retired (from what) _____

Career Interests _____

Please tell why you wish to be a Master Gardener™. Use back of page.

Date _____ Signed _____

Return form to: OSU Extension Service, Columbia County Office, 505 N. Columbia River Highway, St. Helens, OR 97051



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