



Northwest Regional Horticulture Office
3101 Fairfield Ave., Shreveport- LA71104
(318) 698-0010
Fax: (318) 698-0014

Dear Master Gardener Candidate:

The Northwest Regional Horticulture Office of the LSU AgCenter is pleased that you are interested in the Louisiana Master Gardener Program. There are a limited number of spaces available. Class members are chosen from a large pool of applicants in December. If you do not enter the upcoming class, you will need to submit a new application indicating interest in attending the following class.

Classes are scheduled for 9:00 a.m. until 2:00 p.m., one day per week for 10 weeks. Most years classes are held on a Thursday. We take a 30 minute lunch break and most people bring a sack lunch. Classes will be held at the Randle T. Moore Center at 3101 Fairfield Ave. in Shreveport.

You will be expected to spend 40 hours volunteer time answering homeowner's gardening questions on the telephone, developing and maintaining Extension demonstration gardens, and doing occasional short demonstrations. Training **volunteers** is the primary Extension objective for this educational program.

There is a **\$100.00 registration fee** to cover the cost of the manual (\$55) and teaching supplies (\$45). Payment is received after your acceptance into the class.

If you have any further questions about the Master Gardener classes or have a disability which requires special assistance for your participation, please contact me at (318) 698-0010 for assistance.

Sincerely,

A handwritten signature in cursive script that reads 'Denyse B. Cummins'.

Denyse B. Cummins
Area Horticulture Agent
Northwest Region

ATTACHMENT



MASTER GARDENER 2010 CLASS APPLICATION

Please mail, deliver or fax this Louisiana Master Gardener application
(no money) by December 1 to:
NWLA Master Gardener Program,
3101 Fairfield Ave., Shreveport, LA 71104

Name:

Address:

Zip Code:

Phone: Home:

Work:

E-Mail:

1. List any previous Horticulture or gardening experience.
2. Are you employed? Full time _____ Part time _____ Retired _____
Previous or present occupations:
3. Have you previously applied to attend Master Gardener training in NW LA?
4. Do you have any medical condition which may limit your participation in Master Gardeners for physical or outdoor activities? Describe briefly.
5. Indicate times you can most likely volunteer, weekdays and weekends from 8:00 a.m. - 8:00 p.m.
6. Please list any previous volunteer experience:
7. Please list anyone applying to the class with you.

You are expected to attend all classes.
A signed Letter of Commitment will be requested with payment upon acceptance.