

## MASTER GARDENER 2009 CLASS APPLICATION

Please mail, deliver or fax this Louisiana Master Gardener application  
(no money) by July 1, 2009 to: Lafayette Parish Extension Office,  
1010 Lafayette St., STE 325, Lafayette, LA 70501.

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

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell: \_\_\_\_\_

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?
4. Do you have any medical condition which may limit your participation in Master Gardener 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.

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

"Membership and participation in activities and events are open to all citizens without regard to race, color, national origin, gender, religion, age, veteran status, or disability.