

TEAM MEMBER APPLICATION

Name _____
Home Address _____
City, State, Zip _____
Home Phone _____
Work Email _____
Home Email _____
School _____

Please check all that apply:

____ Teacher, grade taught and subject area _____
____ Administrator, please specify _____
____ Parent, please specify age and grade of children at school _____
____ School Staff, please specify position _____
____ Volunteer/Other, please specify school commitment _____

In 2-3 sentences, please describe why you want to be a Master Gardener. _____

As a representative from a school in Cobb County, I would like to be considered for the 2010 Master Gardener Training Program. I understand that this training begins on June 14, 2010 and concludes on June 25, 2010. I will attend all 10 days of training and contribute 50 hours (outside of the classroom) of volunteer service at my school. To qualify as a Master Gardener, I will complete this commitment and submit my required documentation by June 2011. As a Master Gardener, I promise not to use my title for any commercial enterprises or to promote any commercial products.

Signed: _____ **Date:** _____