

MASTER GARDENER
UTEXTENSION
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE

2026 WILLIAMSONCOUNTY
TNEXTENSIONMASTERGARDENERINTERNPROGRAMAPPLICATION

I understand the title Master Gardener is conditional upon receiving training, performing and reporting 40 volunteer service hours. Master Gardeners are expected to use only University of Tennessee or Tennessee State University - approved recommendations. The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

Applicant's Signature _____ Date _____

(PLEASE TYPE OR PRINT)

Full Name _____ Preferred Name: _____

Mailing Address _____

City _____ Zip Code _____

Telephone _____ E-Mail _____

Training and education completed.

- _____ High school
- _____ Technical/trade school
- _____ 2-year community college (major studies)
- _____ 4-year college (major studies)
- _____ Horticulture degrees, certification or training

Practical gardening experience (personal, volunteer or work experience) _____

Years of gardening experience? _____

Please check all of the following skills that interest you.

- | | | |
|----------------------------|----------------------------|---------------------------------|
| ___ vegetable gardening | ___ gardening for wildlife | ___ Speakers' Bureau (teaching) |
| ___ flower gardening | ___ historian | ___ houseplants |
| ___ herbs gardening | ___ lawn/turf | ___ gardening with youth |
| ___ urban trees | ___ pollinators | ___ fruit trees |
| ___ native plants | ___ landscape design | ___ community gardens |
| ___ gardening with seniors | ___ plant diagnostics | ___ irrigation |
| ___ newsletter (writing) | ___ social media | ___ website design/maintenance |

Other: _____

Please list other volunteer experience in your community. _____

Why did you choose this particular volunteer program? _____

What is your motivation for becoming a Tennessee Extension Master Gardener volunteer educator?

What do you hope to gain from your experience in this program? _____

Why do you think you should be selected to participate in this program? _____

Do you have a health or medical condition that we need to accommodate for training? _____

If so, please explain required accommodations. _____

Are you able to speak or write in a language other than English? _____

Please list (including American Sign Language). _____

Have you ever been convicted of a felony? _____

If yes, please give the date, nature and disposition of the offence. _____

Please note: A criminal record will be considered as it specifically relates to the volunteer position. A criminal record may prevent an individual from volunteering on specific projects, depending on the nature of the offense.

Reference: Please list one volunteer or non-family reference who has knowledge of your skills, abilities and qualifications, that we may contact. This individual should have worked with you on projects and activities and/or have direct experience with knowledge of your qualifications. Please provide contact information.

Name _____ Relationship _____ Phone _____

Email _____

I authorize the Extension office to contact my listed reference. I understand that a criminal background check may be required prior to final acceptance of this application. I understand that misrepresentation or omission of required information may disqualify my application to volunteer for University of Tennessee Extension. I understand that I serve at the satisfaction of University of Tennessee Extension and agree to abide by the policies of UT Extension and the Tennessee Master Gardener Program to the best of my abilities.

Applicant's Signature _____ Date _____

UT/TSU WILLIAMSON COUNTY EXTENSION

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