

SMALL FARM - MASTER GARDENER APPLICATION FORM

University of California Cooperative Extension
 5630 S. Broadway, Eureka, CA 95503
 707-445-7351 Deborah Giraud, Plant Science Farm Advisor

University of California
 Agriculture and Natural Resources

Humboldt
 County

 Date of Application

 First Name

 Last Name

Gender: Female Male

 Mailing Address City State Zip

()
 Home Phone (with area code)

()
 Work Phone (with area code)

()
 Cell Phone (with area code)

 Email Address (required)

Ethnicity (check one that best applies):

- American Indian/Alaskan Native Hispanic/Latino Asian/Pacific Islander
 Black/African American White

						Date received	Cash or Check # _____
							Fees Paid \$ _____

In compliance with the California Information Practices Act of 1977, the following information is provided: The information on this form is being requested by the University of California Cooperative Extension for use in the Master Gardener Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE county director, the Master Gardener Advisor or County Program Coordinator or the statewide Academic Coordinator for the Master Gardener Program at: Director-Statewide Master Gardener Program, University of California, P.O. Box 697,Orland, CA 95951.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the civil Rights Act of 1964 and sex information is requested to maintain compliance with Title IX of the Education Amendments of 1972. Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal Affirmative Action Program Report. Statistical information includes sex, ethnic information and residence location. Submission of the above noted information is voluntary and if the information is not submitted by the source, the county master gardener staff may use his or her judgment to complete the information and satisfy Federal reporting requirements. Other personal information on this form is being collected to provide the County Extension Master Gardener staff with information to assist in program planning. This information consists of name, address, phone and email in addition to your skill set assessment.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition(cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities. Inquires regarding the University's non-discrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California Agriculture and Natural Resources, 1111 Franklin St. 6th floor, Oakland, CA 94607-5200, phone: (510) 987-0097

University policy is intended to be consistent with the provisions of applicable state and federal laws.

Please complete the following

1. Why do you want take this class? _____

2. Although not required, we hope that you will be interested in sharing your information. Will you? You will not be an official Master Gardener volunteer with this class format this year. We will keep you on a mailing list which informs you of events and workshops Extension hold.

3. Years of gardening experience _____. Detail type(s) of gardening experiences and any related formal training and/or your personal gardening interests:

The Thursday night classes will be held at the Agriculture Center, Foot of Humboldt Hill, Eureka 5:30 – 8:30 ish. These will start on March 2nd. 5 Saturdays from March 4th. 11 am til done, 2 ish.

You will get an email (or letter if you did not have an email on your application closer to the start. Most years we have room for everyone.

The class costs 150.00. Checks may be made payable to U.C. Regents. You many pay once a month \$75.00 Feb. and March.

Topics are: Introduction to Horticulture, Physical Soil Science, Vegetables (Farm), Soil Fertility, Cover crops, Composting + Vermiculture (Farm), Permaculture, Seed saving, Integrated Pest Management, Animal Agriculture (Farm) Bees, Vertebrate Pest Management, Organic certification, food safety, Greenhouse operations and farm finance basics (Farm).