



MUGatHOME

(Master Urban Gardener-AT HOME)

Application must be returned by March 5, 2010)

APPLICATION - PLEASE PRINT CLEARLY OR TYPE

PART 1. Date of Application _____ **For Class Year** _____

PART 2. Personal Information

Name: _____

Street/Apartment: _____

City: _____ Zip: _____ (plus 4) _____

Phone (include area code):

[home] _____ [work] _____

[fax] _____ [cell] _____

Email _____

Emergency Contact Name: _____

Emergency Contact Phone: (include area code) _____

Part 3. Garden Information

a. Do you currently garden?

Circle one: Yes No

If yes, where (example: rooftop, porch deck, backyard, etc.) _____

b. What do you/have you grown in your garden (check all that apply):

___ vegetables, herbs

___ edible flowers, shrubs & trees

___ ornamental flowers, shrubs & trees

c. What is one of your favorite plants and why?

d. List the gardening experience you feel most competent to educate others about (example: vegetables, herbs, native plants, etc.)

Part 5. Volunteer Service Menu and Commitment

There are many reasons why individuals want to be part of the Master Urban Gardener – AT HOME (MUGatHOME) program. Please respond to the following statements by writing the number that best describes how important the volunteer reason is to you:

- 1 = Extremely important reason
- 3 = Somewhat important reason
- 5 = Not a reason or factor

To become a MUGatHOME participant is important to me because:

- a. I will have the opportunity to receive useful training.
- b. I will become part of BNAN's active, trained volunteer corps.
- c. I will have the opportunity to share my knowledge with other gardeners.
- d. I will gain practical experience that can help me get a job.
- e. I will be able to provide volunteer service to people in my community and/or neighborhood.
- f. I will receive instructions and materials.
- g. I will be able to increase my knowledge in the area of gardening.
- h. I will gain a great deal of personal satisfaction.
- i. I will be able to creatively use my free time.
- j. I will be recognized by people in my community.
- k. I will be able to gain new skills as a gardener.
- l. I will be a certified Master Urban Gardener – at Home.
- m. Other reason. Please use space below.

Here is a brief list of gardening activities currently available for MUGatHOME volunteers. Check each of the following categories you currently have skills in and would be interested in helping with:

- a. Help backyard gardeners: provide horticultural information, leadership and support, and garden problem-solving.
- b. Organize events: help plan and run Greenway and Urban Wild activities.
- c. Help maintain a public-private space, such as a sitting park, greenway, or urban wild.
- d. Volunteer at City Natives: maintain the site, caring for greenhouse (must be able to document appropriate greenhouse training/experience) and/or outdoor plants.

Participants in the MUGatHOME program will learn new skills helpful to gardening. However, BNAN strives to attract MUGatHOME participants who have relevant skills to share in classroom activities and with gardeners. Please give brief answers to each of the following:

- a. When you think about your skills, what three things do you think you do best?

- b. Which of all your skills are good enough that other people would hire you to do them?

- c. What three skills would you most like to learn?

Part 6. Agreement

I wish to become a Master Urban Gardener-AT HOME. I understand the applications will be screened to select the best candidates to assist with garden education, activities, and support. If accepted, I agree to volunteer a minimum of 35 hours of service to BNAN's MUGatHOME program within one year following class completion.

I agree to participate in the training sessions before completing my service. I will use the information from the training for giving advice and recommendations to gardeners.

I have read and understand the MUGatHOME program information sheet. I will not use my MUGatHOME title to promote a commercial venture.

To remain a certified MUGatHOME, I agree to submit quarterly records of my volunteer activity hours and contacts to BNAN's Garden Educator.

Applicant's signature and date _____

Email your application as an attachment to:

info@bostonnatural.org

-OR-

Mail your application to:

Stewardship Manager

Boston Natural Areas Network

62 Summer Street, Second Floor

Boston, MA 02110-1008

-OR-

Fax your application to:

Attn: Stewardship Manager

617-542-0383

OFFICE USE ONLY

Date application received _____

Materials Donation _____