

**APPLICATION FOR THE TREE CARE ADVISOR TRAINING
WORKSHOPS:**

Name:

Phone Number:

Mailing Address:

Email Address:

Street: _____

City: _____ **State/ Zip:** _____

County:

1. I have read the “job description”, and agree to function as a Tree Care Advisor in the described capacity. (response)_____.
2. I understand that this program is for people who have a foundation in plant biology and horticulture. **If I do not, I understand that I may enroll in the program as a Professional Development participant and I do have basic training and/or education in tree care.**
(response)_____.
3. I understand that I am obligated to provide a **minimum of fifty (50) volunteer hours during the first year** after completing the program, with an emphasis in the area of tree and shrub care, or general urban forestry, under the direction or supervision of my county coordinator and/or the TCA program coordinator.
(response)_____.
4. I understand that **I must attend all workshop sessions** of this program and complete a “final examination.” (response)_____.
5. Please provide a brief (50 words) summary of why you are interested in this program.
6. What areas of horticulture/tree and shrub care do you feel that you have developed skills or an expertise in? Please rank them.

7. What areas of horticulture/tree and shrub care or urban forestry are you most interested in? Please rank them.

8. What practical experience have you had in tree and shrub care, or any aspect of urban forestry?

9. What additional horticultural/arboricultural training have you had beyond the Master Gardener program?

10. I have read all of the requirements listed above as points 1-4, and agree to abide by them as they pertain to the Job Description for the TCA program. I understand that the registration cost for this program will be \$95.00 (volunteer rate), if I am accepted. **If I am enrolling as a Professional Development participant, I understand that the registration cost is \$375.00.** Notification of acceptance into the program will be sent via mail. **DO NOT** send the registration fee until you receive a notice of acceptance.

Signature: _____
I am _____ am not _____ currently a Master Gardener.

Please Return To:
Dave Hanson
TCA Program
115 Green Hall
1530 Cleveland Avenue North
St. Paul, MN 55108

DH 12/2009