

Registration Form Master Gardener Volunteer Program Kalamazoo County

Please Print Clearly

First Name _____ Last Name _____

Home Address _____

City _____ County of Residence _____

Zip Code _____ Birthday (Month and Day only) _____
(for example: July 18)

Home Phone _____ Work Phone _____

Place of Employment _____ Occupation _____

Work address/city/zip _____

E-mail address _____

Emergency Contact Name and Phone Number _____

Check all boxes that apply:

Male

Female

White/
Not Hispanic

Hispanic

Black/
Not Hispanic

Asian

Am. Indian

Pacific Islander

Alaskan

Specialty or Area of Specific Interest in Gardening:



Check here if handicap accommodations are needed.

Please list type of accommodations needed:



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