

Certificate in Native Plants

Participant Application Form



State Botanical Garden of Georgia
UNIVERSITY OF GEORGIA

Name: _____
Address: _____
City: _____ State: _____
County: _____
Email Address: _____
Phone Number: _____

Please email
Sean Cameron
(cscamero@uga.edu)
with the dates and
actual hours worked
on your volunteer
project.

Point of Interest (check all that apply):

Student
 UGA Major: _____
 Non-UGA School and Major: _____
 Working in field
 Type of work: _____
 Personal Interest
 Retired

Age: _____ Race/Ethnicity: _____ Gender: _____

Please rate your botanical literacy:

Is this your first activity or program at the State Botanical Garden of Georgia?

Yes
 No What other programs have you participated in?

What do you hope to gain from the Certificate in Native Plants program?

How do you hope to use the information in these courses to impact your life? Community?

Where did you hear about the Certificate in Native Plants program?

What percentage of your plant purchases would you estimate is composed of native plants?