

# Plants & Pollinators Specialization

## 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](mailto: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 Plants & Pollinators Specialization program?

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

Where did you hear about the Plants & Pollinators Specialization program?

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