



REQUEST FOR RETURN TO PROGRAM

Washington County Master Gardeners

(See reverse side for Criteria)

NAME (print)		Date		
ADDRESS				
Street		City	State	Zip
PHONE (H)	(C)	E-Mail:		
What year did you receiv	e Master Gardener tra	ining?		
Have you completed the	first year requirements	and been recertified?	Yes	No
What year did you leave (Reinstatement must be rumust repeat the entire MC	equested within 7 year	rogram? s of leaving the program.	After 7 years, the	e former MG
(For individuals w		MENT AGREEMEN program within a 7-year		e status)
I have read the Universi Gardener in Washington working hours for the yea in subsequent years, I w membership requirement	County. I understand to ar of reinstatement pro ill volunteer 20 hours	that I will be required to capture on a quarterly basi and obtain 20 hours of	complete the 20 ed s. In order to reta learning annually	lucation and 20 in certification
Signature		Da	te	
>>>>>>>	>>>>>Office	Use Only>>>>>>	·>>>>>>>	>>>>>
Date received by Extension	Office//			
	APPRO	OVED DENIED		
Reason(s) for Denial				
Signature	sion Agent Date	Signature		Date
	N	MAIL TO:		

Washington County Extension Office ATTN: WCMG Membership Chair 2536 N. McConnell, Fayetteville, AR 72704

(Or call 479-444-1755 for information)





CRITERIA FOR RETURN TO WCMG PROGRAM

Reinstatement Process

For former Master Gardener members who have relinquished their membership.

If a former Washington County Master Gardener wants to rejoin the program within 7 years of inactive status, he or she shall fill out the **Request for Return to Program** form.

Reinstatement must be requested within 7 years of leaving the program. After 7 years, the former Master Gardener must repeat the entire MG training.

Upon the approval of the County Agent and the WCMG Executive Committee, a former Master Gardener may be reinstated in the program subject to the following conditions:

- 1. Has completed the first year requirements and has been recertified;
- 2. Is not under the policies of Leave of Absence or Sustainer;
- 3. Submits **Request for Return to Program** form;
- 4. Agrees to requirements of and signs a new **Memorandum of Agreement** form;
- 5. May be granted reinstatement only one time;
- 6. Completes working and education hours for the year of reinstatement pro-rated on a quarterly basis.