



UNIVERSITY OF GEORGIA
EXTENSION



Master Gardener Extension Volunteer Program

Georgia Master Gardener Extension Volunteer Program Application

The Master Gardener Extension Volunteer (MGEV) program in Georgia is a volunteer program designed to help University of Georgia Cooperative Extension staff transfer research-based information about gardening and related subjects to the public by training home gardeners to be volunteer educators. Master Gardener Extension Volunteers are active in many Georgia counties. Through this program, Extension is able to reach out and serve more citizens with educational programming and demonstrations.

Dear Master Gardener Applicant:

Thank you for your interest in the Georgia Master Gardener Extension Volunteer program! Its purpose is to assist UGA Extension by training volunteer educators to provide current horticultural information through community service and educational gardening projects using applied research and the resources of the University of Georgia.

MGEV programs are coordinated at the county level by the local Extension office. Each local program has multiple projects that reach out to the local communities, teaching about horticulture and gardening, answering garden-related questions and so forth. Volunteers for these projects do participate in at least 42 hours of training and are asked to volunteer 50 hours of service in the first year. *(After your first year, you are required to volunteer 25 hours per year to remain an active, certified Georgia Master Gardener Extension Volunteer.)*

Extension offices plan and carry out MGEV training classes in the spring and/or fall, on an annual or biannual basis. Training and schedule format are determined by the agent/coordinator and the local office. Classes typically meet once or twice weekly. Attending training classes is extremely important, and absenteeism cannot exceed 20 percent of classes. Trainees are responsible for all material on the exams and are required to pass a midterm and final exam with a score of 70 percent or better on each.

By completing the *Master Gardener Volunteer Program Application and Reference Forms* (below), you are indicating your interest in the Georgia MGEV Program. You will receive follow-up communication from the county Extension office.

As enrollment in the Master Gardener program is **limited**, you are encouraged to fill out the application as thoroughly as possible. The selection committee, comprised of an Extension staff member and a group of veteran Master Gardener Extension Volunteers, reads all applications. Selections will be based on your interest in being an Extension volunteer, your interest in community service, as well as your knowledge, expertise and experience in related areas. Applicants will be called for an interview.

If selected for participation in the MGEV program, you will be notified by the local Extension office. At that time, you will be asked to submit any program fees by the specified deadline. If payment is not received by the deadline, and no arrangements have been made, your name will be removed from the class acceptance list and an alternate selected.

The Georgia Master Gardener® Program offers many opportunities to make new friends and enhance your horticultural expertise while becoming involved in fulfilling community service activities. We look forward to receiving your application!

If you have any questions, please contact: uge1187@uga.edu or 706-864-2275.

Sincerely,

Clark MacAllister
UGA Extension, Dawson & Lumpkin Counties
Extension Agent, Agriculture and Natural Resources
26 Johnson Street, Ste A
Dahlonega, GA 30533
p: 706-864-2275
e: clarkmac@uga.edu
w: <http://extension.uga.edu/county-offices/lumpkin.html>

Tell Us About Yourself:

Basic Information:

| | | | | | |
|--|--|-------|--|-----|--|
| Name | | | | | |
| Preferred name for name badge (First and Last) | | | | | |
| Mailing Address | | | | | |
| Additional Address | | | | | |
| City | | State | | Zip | |
| Phone | | Email | | | |
| Alternate Phone | | | | | |

Preferred method of contact:

- Phone
- Alternate phone
- Email
- Postal mail

The University of Georgia College of Agricultural and Environmental Sciences (working cooperatively with Fort Valley State University, the U.S. Department of Agriculture, and the counties of Georgia) offers its educational programs, assistance, and materials to all people without regard to race, color, religion, sex, national origin, disability, gender identity, sexual orientation or protected veteran status and is an Equal Opportunity, Affirmative Action organization. Provision of demographic information will help ensure we are supporting all members of our community.

Gender:

- Male
- Female

Race/ethnicity:

- Asian
- African American
- Native/American indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

I am an adult age 18 or older.

- Yes
- No

If accepted into the program, I consent to have my name, address, email and phone number included in a class roster in the participant binder and provided to local Master Gardener organization members.

- Yes
- No



Your Skills and Interests:

Please select the skills and interests that you want to contribute to or learn more about during your MGEV experience.

| | I want to know more about: | I consider this to be a personal strength: |
|------------------------------|----------------------------|--|
| Vegetable gardening | | |
| Flower gardening | | |
| Herb gardening | | |
| Trees/shrubs | | |
| Native plants | | |
| Wildlife gardening | | |
| Houseplants | | |
| Lawns & turf grass | | |
| Plant Propagation | | |
| Landscape Design | | |
| Diseases/insects | | |
| Water conservation gardening | | |
| Ornamental ponds | | |
| Community gardens | | |
| Greenhouse production | | |
| Other: | | |

How long have you been a gardener?

What horticultural experience or training have you had? (credit or non-credit courses, workshops, etc.)

What is your greatest area of gardening interest?



Have you done any of the following? If yes, please describe your experience.

| | No | Yes | If yes, please describe. |
|---|----|-----|--------------------------|
| Writing <ul style="list-style-type: none"> • Newspaper articles • Blog posts • Social media content | | | |
| Public speaking/teaching <ul style="list-style-type: none"> • Presented to small or large group? • Tour guide? • Hands-on demonstrations? | | | |
| Computers/technology | | | |
| Organizing events or projects <ul style="list-style-type: none"> • Small events or projects? • Large events or projects? | | | |
| Organizing people <ul style="list-style-type: none"> • Building teams • Communication strategies | | | |
| Managing people | | | |
| Advertising and public relations | | | |
| Fundraising | | | |
| Other | | | |

Which skills from your previous professional experiences would be useful in your role as a Master Gardener Extension Volunteer?



Tell Us About Your History as a Volunteer.

Please list any previous volunteer experiences, including nongardening and gardening experiences. Specify organization, type of work, and approximate dates (i.e., garden clubs, professional or hobby associations, plant specialty societies, civic clubs, etc.). *Note: Previous volunteer experience is **not** required to be accepted into the program.*

Have you participated in any UGA Extension programs in the past? Please list the most recent. If not, please write "N/A".

Why do you wish to become a Master Gardener Extension Volunteer?

What are some ways you can see yourself volunteer as a Master Gardener in our community?



If you are selected to be a part of the Master Gardener Extension Volunteer program, your volunteer hours will support the Extension in one of the following activities. Check topics of interest to you:

- Ask a Master Gardener diagnostics** – Answer questions from the public at public venues and in the Extension office. Events may include themed exhibits at local farmer’s markets and festivals, the Georgia National Fair, area retail merchants, and other community venues to answer homeowner questions.
- Youth activities and programs** – Work with team of Master Gardeners to conduct horticulture activities with youth in grades 4-12, such as in-class presentations, school gardens, Junior Master Gardener programs, MG SPROUTS, summer camps, or other activities.
- Media** – Create brochures, newsletters and flyers using Publisher Software; develop PowerPoint presentations for use in classes; write news articles for local newspapers and websites; social media posts; radio and/or TV.
- Speakers’ Bureau** – Prepare a short, 15-20 minute talk for various civic and church engagements to offer horticultural information. Plan and teach classes on basic gardening topics to groups of 20-30 homeowners. Specialty: _____
- Demonstration and community gardens** – Help with installations and perform ongoing maintenance to include weeding and watering; plan and execute activities and classes at the garden sites. Provide leadership, coordination, and education at community garden sites.

Rate your preference for the following volunteer experiences (1 = least preferred; 5 = most preferred):

| | LEAST ----- PREFERRED ----- MOST | | | | | | | | | |
|---|----------------------------------|--|---|--|---|--|---|--|---|--|
| Telephone/office work at County Extension Office | 1 | | 2 | | 3 | | 4 | | 5 | |
| Speaking to groups on gardening | 1 | | 2 | | 3 | | 4 | | 5 | |
| Teaching small groups | 1 | | 2 | | 3 | | 4 | | 5 | |
| Teaching large groups | 1 | | 2 | | 3 | | 4 | | 5 | |
| Teaching children/teens | 1 | | 2 | | 3 | | 4 | | 5 | |
| Teaching adults/senior citizens | 1 | | 2 | | 3 | | 4 | | 5 | |
| Teaching persons w/disabilities & special needs | 1 | | 2 | | 3 | | 4 | | 5 | |
| Diagnosing plant problems and providing answers/recommendations | 1 | | 2 | | 3 | | 4 | | 5 | |
| Newsletter editing/layout | 1 | | 2 | | 3 | | 4 | | 5 | |
| Writing articles for newsletter/newspaper | 1 | | 2 | | 3 | | 4 | | 5 | |
| Public relations/publicity | 1 | | 2 | | 3 | | 4 | | 5 | |
| Working on community landscape projects | 1 | | 2 | | 3 | | 4 | | 5 | |
| Photographing plants/horticultural activities | 1 | | 2 | | 3 | | 4 | | 5 | |
| Organizing events | 1 | | 2 | | 3 | | 4 | | 5 | |

There will be other volunteer opportunities that will arise throughout the year. Do you have anything in mind that you’d be interested in working on that wasn’t mentioned above?



Where are you comfortable volunteering? (check all that apply)

- Extension office
- garden
- public place
- classroom
- face-to-face
- written
- phone

With which audience(s) are you most comfortable? (check all that apply)

- Youth
- Adult
- Senior adult
- Special needs

Describe Your Availability:

Employment Status

- Full time employment
- Part time employment
- Am not employed
- Retired
- Other

Please indicate times that you are available to volunteer:

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--------------|-----|------|-----|-------|-----|-----|-----|
| 8 am – 12 pm | | | | | | | |
| 1 pm – 5 pm | | | | | | | |
| After 5 pm | | | | | | | |

References (required)

Please provide 3 references who are not immediate family members and who reside outside of your home address. They should be familiar with your skills and abilities related to potential duties associated with volunteering, particularly with youth. Local CAES or Extension staff should not serve as references. Individuals will be contacted by Extension.

| | | | | |
|--------------------------------------|--|--|--|-----|
| Reference 1 | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Phone | | Email | | |
| How long have you known this person? | | In what capacity have you known this person? | | |
| Reference 2 | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Phone | | Email | | |
| How long have you known this person? | | In what capacity have you known this person? | | |
| Reference 3 | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Phone | | Email | | |
| How long have you known this person? | | In what capacity have you known this person? | | |



Master Gardener Program Agreements:

Initial each statement and sign at bottom to indicate that you understand and agree to the following conditions if accepted into the program.

- I understand that submission of this application does not guarantee acceptance to the program.
- I understand that to be considered as a UGA MGEV Trainee, I will need to complete a UGA Volunteer Agreement, background screening (including motor vehicle records check), interview with Extension personnel, and pay any program fees.
- I understand that Georgia Master Gardener® status is acquired only after successful completion of the volunteer training program and volunteer service, including:
 - Completion of classroom training (minimum of 42 hours), not missing more than 20% of training classes. I am responsible for class material covered in my absence;
 - successfully passing the midterm and final exams with a score of 70% or better on each;
 - and completing 50 hours of volunteer service in support of Extension-approved projects in the county in which I completed training within 12 months of completing classroom training. Any exceptions must first be approved by my local coordinator.
- I will not use my Master Gardener Extension Volunteer status to promote any commercial venture or to make money.
- I understand that I can continue with the MGEV program after completing the first year. To do so, I will complete an annual Intent to Renew form and meet annual criteria, including 25 hours of volunteer service each year, update my Risk Management Training (RMT), and maintain a current UGA Volunteer Agreement form and background screening, as required by the University of Georgia.
- I agree to not use the Georgia Master Gardener® title for any commercial publicity or private business purposes. Participating in a commercial activity, associating with commercial products, and giving implied Master Gardener or UGA Extension endorsements to any product or place of business is in violation of the Georgia Master Gardener® program policy.
- I acknowledge that I have read the above guidelines and will abide by them.

Signature: _____

Date of Application (mm/dd/yyyy): _____

Return Application to:



College of Agricultural & Environmental Sciences
UNIVERSITY OF GEORGIA

The University of Georgia Cooperative Extension Volunteer Agreement

Thank you for agreeing to volunteer with the University of Georgia Cooperative Extension program. In signing this agreement, you are confirming your acceptance for a volunteer role.

- 1. I agree to serve as a volunteer with UGA under the primary direction of _____ Cooperative Extension. (fill in county or unit name) I understand that if my role involves supervising youth, I will be required to complete a UGA background check and that some duties may include additional training and orientation.
2. I agree that my participation in the activities is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration. I understand that additional duties may be assigned or specific duties expanded.
3. I agree that as a volunteer I am under the primary direction of the unit, county office or department but may be asked to participate in activities that include direction from others within Cooperative Extension and/or other departments in the University of Georgia.
4. I agree that, if approved to serve as a volunteer, I will not be acting as a UGA employee or student. I understand and agree that UGA and I both have the right to decline or end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
5. I understand that UGA is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by UGA for the purposes of carrying out the functions of UGA.
I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.
6. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that UGA may not provide me with any accident, medical, or workers' compensation insurance, and therefore may not be responsible for any accident or medical expenses that I incur in the course of volunteering. If I am an employee of the UGA serving as a volunteer, I understand that I am not covered by workers' compensation laws while acting as a volunteer outside of my normal employment.
7. If I utilize my personal vehicle during the course of volunteering, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
8. I understand that if my volunteer service involves youth work, I am required to abide by the UGA Cooperative Extension Behavior Guidelines for Adults working with Youth and may be discharged from my duties as a volunteer should I fail to follow these expectations. These guidelines are printed on the reverse of this page and are initialed by me.
9. I understand that my participation as a volunteer may involve certain risks In addition; I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
10. I agree to abide by all applicable rules and regulations of UGA and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning youth program participants, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at UGA shall be the property of UGA.
11. I understand that as a volunteer I must self-report any arrest, charge, or criminal conviction occurring after the date of my background check to my program/activity administrator prior to returning for service.
12. I hereby grant permission for my images, likeness, and voice to be recorded in any media and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Volunteer's Signature _____ Date _____

Volunteer's Printed Name _____ Volunteer's Phone # _____

Volunteer's Address _____ Volunteer's Email Address _____

Extension Faculty Printed Name _____ Primary Extension Office location _____

Extension Faculty Signature _____ Date _____



Adult Behavior Guidelines

The University of Georgia Extension establishes the following code of conduct for adults. These general behavioral expectations apply to any adult, including faculty, staff, and volunteers working or volunteering in a capacity that includes children under the age of eighteen and/or youth program participants.

Adults are expected to comply with the following:

- Work cooperatively with youth, families, University of Georgia faculty, staff, volunteers, community members and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
- Represent the University of Georgia College of Agricultural and Environmental Sciences' Cooperative Extension programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the 4-H Code of Conduct as well as other rules, policies and guidelines established by UGA Extension and event coordinators including state laws and regulations.
- Respect the privacy of all individuals in situations such as toileting, showering and changing clothes. When it is necessary to supervise minors, at least two leaders should be present and only to the extent that the health and/or safety requires.
- Do not touch minors in a manner that a reasonable person could interpret as inappropriate. Always avoid touching areas that are normally covered by swim suits. When hugging is appropriate, hug from the side over the shoulders, not from the front.
- Recognize that physical punishment is not an appropriate form of discipline and will not be allowed. Physical punishment includes physical actions that may not be expected of an individual during the program and are assigned to a young person as a consequence for misbehavior.
- Recognize that verbal abuse, physical abuse, or committing criminal acts may be grounds for termination as an Extension volunteer. Abusive behavior towards youth or other adults including failure to provide adequate health and safety measures, inadequate care or supervision, emotional mistreatment of members, or verbal or physical abuse will not be tolerated.
- Under Georgia law, report any mistreatment of youth to the proper authorities. All staff are considered mandatory reporters for purposes of the Policy and must report incidents involving sexual or physical abuse or neglect of a minor immediately to the Program/Activity Administrator, the UGA Police Department, AND the Georgia Department of Family and Children Services (DFCS).
- Comply with equal opportunity and anti-discrimination laws and policies. The University of Georgia prohibits harassment of or discrimination against any person because of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status.
- Treat animals humanely and encourage youth and adults to provide appropriate and ethical care.
- Strive for a minimum of two adults at any activity involving youth. Adults, in most cases, should not be left alone with a single child unless the adult is the parent/guardian of that child.
- To be housed in overnight settings in separate sleeping areas from children when possible. When this is not possible, parent/guardians should be furnished a letter explaining the situation and informing the parent/guardian that his/her child will be housed with an adult in the same room.
- Substance Use Prohibited – Do not use, possess or be under the influence of alcohol, illegal drugs, or any prescription medication that impairs your ability to perform your duties during the Program/Activity.
 - Do not condone others' use of alcohol or illegal drugs during the Program/Activity.
 - Smoking and tobacco use is prohibited at all Extension 4-H events.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Accept responsibility to promote, conduct, and support 4-H in order to develop an effective local, county, district and state program.
- Recognize the following behaviors are inappropriate and will not be tolerated in the presence of youth during Extension youth activities or events:
 - consumption of alcohol, illegal drugs, and controlled substances
 - promotion of religious or political preferences
 - theft, pilfering, or fraud
 - use of tobacco products and e-cigarettes
 - sexual advances or activities involving youth
 - willful damaging of property
 - permitting passengers to ride in motor vehicles without seatbelts
 - permitting youth or adults to ride in the back of trucks
 - behaviors that are illegal under law

| | |
|---|-------|
| I have reviewed and understand these behavior guidelines. | |
| _____ | _____ |
| Volunteer's initials | Date |