PURDUE UNIVERSITY | Extension - Northwest Region

#:_____/_____

Application for 2027 Winter Porter County Purdue Extension Master Gardener Program

Print Your Name _____

Name for **Name Tag** (if different than above): _____

Have you lived in other USA state(s) besides Indiana? If yes, please list: _____

Do you know any current Master Gardeners? _____ Who? _____

Do you know anyone else applying this year? _____ Who? _____

There will be 2 different class offerings. Please read carefully and select one option!

☐ **VIRTUAL Training**
This is an online platform.
Connection information will come later.
Dates: Feb 2 - May 4, 2027
5:30-8:30 PM Central Tuesday Only

☐ **IN-PERSON Training**
Cornerstone Community Church
605 S Maple St., Kouts, IN 46347
Dates: Feb 3 – May 12, 2027
1:00-4:00 PM Central Wednesdays Only

You will be obligated to complete 40 hours of volunteer service within 2 years. Please keep this in mind as you fill out this application. All applications will go through a screening process before being accepted. A government issued photo identification check **MUST** be completed to be considered. If you can't make it to the Extension Office during normal business hours to complete this, you can call 219-465-3555 or email nikky@purdue.edu to make an appointment. You will receive confirmation by the week of January 25, 2027, if your application is accepted. NOTE: there may be limited space!

****Application, $185 payment, and photo ID check must be received at the Extension Office by 4:30 p.m. on January 21, 2027. Payments can be cash or check made payable to "Trustees of Purdue University." Applications and payments will be accepted starting December 1, 2026.**

Mailing Address: Porter County Government Center-Purdue Extension
Attn: EMG Training
155 Indiana Ave, Suite 301
Valparaiso, IN 46383

If you need accommodations to attend this program, please contact Nikky Witkowski prior to the meeting at 219-465-3555 or nikky@purdue.edu by Jan 21, 2027. If you need an interpreter or translator, please contact Nikky Witkowski prior to the meeting at 219-465-3555 or nikky@purdue.edu by Jan 21, 2027.

"I have read this application and pledge myself to the Purdue Extension Master Gardener Program. I know that I am required to attend every class, as the classes are important for the learning process and passing the final exam. I also know attendance at every class is critical to my learning. If I miss more than two (2) sessions, I will not get a refund nor will I be eligible to finish the class."

_____
(Your Signature)

Purdue University prohibits discrimination against any member of the University community on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran.

PURDUE EXTENSION - PORTER COUNTY
155 Indiana Avenue, Ste #301
Valparaiso, IN 46383
Office: 219-465-3555

PURDUE UNIVERSITY | Extension

PURDUE EXTENSION
MASTER GARDENER PROGRAM

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

When you sign this Purdue EMG Volunteer Application and Agreement you confirm that you agree to follow all policies concerning the use of the Purdue EMG title. You also confirm that you have read and agree to follow all policies stated in the Purdue EMG Program Policy Guide (www.hort.purdue.edu/mg).

In order to be considered for participation in the Purdue EMG Basic Training or to continue volunteering as a Purdue EMG volunteer, please read and sign the current agreement, and return it to your Extension Master Gardener county coordinator.

Please print or type

Date of Birth ____/_____/_____

Full Name_____

Alias/Maiden Name _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Cell Phone_____ Email _____

County of Purdue EMG Basic Training _____

County of Purdue EMG Service _____

Do you require reasonable accommodations to participate in this program? Yes ____ No _____

If yes, please explain.

_____

_____

Emergency Contact Information (required)

Name _____ Telephone _____

Relationship _____

Have you been convicted of a crime (excluding minor traffic violations)? ____ Yes ____ No

If yes, give date, nature of offense and disposition.

_____

_____

NOTE: A criminal record will not necessarily disqualify an applicant; it will be considered relative to the specifics of the position.

Why do you want to become a Purdue EMG volunteer? _____

_____

_____

Please share your prior volunteer experience:

Organization	Volunteer Role	City/State	Years

Please indicate your education, experience, skills and interests that might relate to the Purdue EMG Program:

_____

_____

Provisions of the Agreement to Participate in the Purdue Extension Master Gardener Program

Please read the statements below. By signing this form, you agree to all the statements below.

- **Use of Title.** I understand that the title "Purdue Extension Master Gardener" is to be used exclusively in the Purdue EMG Program. Purdue EMGs are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue EMG Program.
- **Understanding Policies.** I have read the Purdue EMG Program Policy Guide (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the program.
- **Age Certification.** I am 18 years or older.
- **Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the Purdue EMG Program Policy Guide.
- **Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- **Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue EMGs explained in the Purdue EMG Program Policy Guide.
- **Pest Recommendations.** I agree to make recommendations to the public according to the Purdue EMG pest information policy outlined in the Purdue EMG Program Policy Guide.
- **Liability Release.** I understand that participating in the Purdue EMG Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue EMG Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- **First Aid.** I give permission for Purdue EMG Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue EMG Program activities. I shall be financially responsible for the cost of any medical treatment.
- **Photo Release.** I grant permission for the Purdue EMG program to use videos or photographs of me for educational purposes or promotion of the Purdue EMG program and/or Purdue Extension programs.
- **Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at https://www.purdue.edu/policies/facilities-safety/iva1.html

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

- **Volunteer Service.** I agree to contribute at least 40 hours of volunteer service within two years of completing Purdue EMG Basic Training. I also understand that in order to continue my certification as a Purdue EMG I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my EMG county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the EMG county coordinator at least once per year using a reporting method approved by the EMG county coordinator.
- **County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue EMG is the coordinator and advisor for the Purdue EMG Program in that county and for my involvement in the program.
- **Notification of Changes.** I will contact the Purdue EMG county coordinator or Purdue EMG state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue EMG volunteer.

Applicant's Signature _____

Applicant's Printed Name _____ Date_____

Purdue Extension Office Use Only

National Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Indiana Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Verification of Photo ID — Date Completed _____

Purdue Extension Office Staffer Completing Verification _____