
2021 MASTER GARDENER APPLICATION PACKET

The Lauderdale County Master Gardener program is a volunteer service organization offered by The University of Tennessee Extension. The purpose of the Master Gardener program is to train citizens as horticulture educators for their communities.

The title **Master Gardener** is conditional upon complying with the following:

- Successfully completing the Master Gardener training program,
- Performing and reporting 40 service hours within the calendar year of training program completion,
- Sharing only University of Tennessee-approved recommendations (not home remedies but researched-based information),
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses; and
- Certification is renewable annually, upon completion of volunteer and educational requirements.

Included in this application packet are the following forms:

- **Extension Volunteer Form**
- **Training Class Schedule**

To complete the training, you must attend 11 of the 13 online Zoom training classes on the schedule listed on the next page as well the in-person sessions listed on page 3 of this packet. Please ensure you are available to do so before applying for the program. To participate, you will need to access Zoom using a computer or other device. If you do not have the ability to access the online classes on your own device, please contact Rachel Howell.

Please fill out all forms in this packet completely.
Incomplete application packets will not be considered.

Applications are due no later than December 31, 2020 and should be sent to:
Lauderdale County Extension, Attn: Rachel Howell, 200 Crain Street., Ripley, TN 38063 OR emailed to rparker1@utk.edu

Master Gardeners frequently interact with children. A check against the Sexual Offenders registry is required by the University of Tennessee for all volunteers working with children. Please note that the Background Disclosure section of this application must be completed before acceptance to the Master Gardener program.

Please send payment with this application. Payment of the \$150 per person or \$175 per couple. The fee includes all educational materials.

2021 MASTER GARDENER APPLICATION

HORTICULTURE QUESTIONNAIRE

(PLEASE TYPE OR PRINT)

Name _____ Date _____

Preferred Name; (for badge) _____

WHY DO YOU WISH TO BECOME A MASTER GARDENER VOLUNTEER? WHAT DO YOU EXPECT FROM THE PROGRAM?

Do you have the ability to access the online training classes via a computer or device? Yes No

YEARS OF GARDENING EXPERIENCE (PERSONAL OR WORK RELATED) _____

PLEASE SHARE ANY SPECIAL SKILLS / TRAINING/VOLUNTEER EXPERIENCE THAT YOU FEEL WOULD BE HELPFUL TO YOU AS A MASTER GARDENER (E.G. HORTICULTURAL CLASSES, TRAINING, ETC.)

WHICH OF THE FOLLOWING DO YOU CONSIDER TO BE YOUR AREAS OF KNOWLEDGE ? CHECK ALL THAT APPLY.

<input type="checkbox"/> Vegetable Gardening	<input type="checkbox"/> Lawns & Turfgrass	<input type="checkbox"/> Flower Gardening
<input type="checkbox"/> Community Gardens	<input type="checkbox"/> Herb Gardening	<input type="checkbox"/> Landscape Design
<input type="checkbox"/> Trees/ Shrubs	<input type="checkbox"/> Water Conservation	<input type="checkbox"/> Native Plants
<input type="checkbox"/> Diseases/ Insects	<input type="checkbox"/> Wildlife Gardens	<input type="checkbox"/> Houseplants
<input type="checkbox"/> Ornamental Ponds	Other _____	

TRAINING AND EDUCATION COMPLETED:

<input type="checkbox"/> High School	<input type="checkbox"/> Graduate Degree Program(s)
<input type="checkbox"/> 2 Yr. Community College	<input type="checkbox"/> Technical / Trade School
<input type="checkbox"/> 4 Yr. College	<input type="checkbox"/> Horticultural Degrees, Certification, or Training

DO YOU HAVE A HEALTH, MEDICAL, OR DIETARY CONDITION THAT NEEDS ACCOMMODATION FOR TRAINING? PLEASE EXPLAIN:

ARE YOU ABLE TO SPEAK OR WRITE A LANGUAGE OTHER THAN ENGLISH? (INCLUDING AMERICAN SIGN LANGUAGE)

PLEASE LIST: _____

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF REQUIRED INFORMATION ON ANY APPLICATION MATERIALS MAY DISQUALIFY MY APPLICATION TO VOLUNTEER FOR THE UNIVERSITY OF TENNESSEE EXTENSION. I UNDERSTAND THAT I SERVE AT THE SATISFACTION OF THE UNIVERSITY OF TENNESSEE EXTENSION AND AGREE TO ABIDE BY THE POLICIES OF UT EXTENSION AND THE TENNESSEE MASTER GARDENER PROGRAM TO THE BEST OF MY ABILITIES.

Applicant's Signature _____ Date _____

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SECTION 1-TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Please complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

A. GENERAL INFORMATION

Must present your Driver's License or a government issued photo ID with your application

Name _____
Last First Middle Name

Home Address _____ Length of time at this address? _____
Street, Route, Apt #

City, State Zip code County

Mailing Address (if different from above) _____

Email address: _____ How long have you resided in this county? ____

Telephone: Daytime _____ Evening _____

Best time to call: Morning Afternoon Evening

Have you previously volunteered with TN Extension? Yes No

If yes, county and last year volunteered? _____

B. DEMOGRAPHIC INFORMATION

Gender: Female Male Ethnicity: (check one) Not Hispanic/Latino Hispanic/Latino

Race: (check one) White Black /African American Native American Indian/ Alaskan Native
Asian Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English? Yes No
(Please list, including American Sign Language.) _____

C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

____Hrs. /week _____Hrs. /month 1-3 months 3-6 months 6-12 months Ongoing

When are you available to volunteer? (Check all that apply)

Day Evening Weekends I'm flexible Specific times: _____

D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth Adults Senior Citizens Clientele with disabilities Other _____

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school K-3 Explorer (4th grade) Junior (5th - 6th) Jr. High (7th-- 8th)

Senior: Level I (9th-10th) Level II (11th - 12th)

E. ACTIVITY INTERESTS - What are your volunteer activity interests? (Check all that apply)

- | | |
|---------------------------------|---------------------------------|
| Teaching/ demonstrations | Writing/publishing/proofreading |
| Photography | Web development |
| Newsletter | Artworks, graphics |
| Displays/exhibits | Marketing |
| Organizing programs/events | Research/data collection |
| Public Speaking | Typing/ Computer entry |
| Telephone/office work at county | Fundraising |
| Extension office | |

The following two sections should be completed by Level 2 and Level 3 volunteers only

F. REFERENCES - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1. _____

Name	Street Address	City/State/Zip	
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Day Phone Number	Evening Phone Number	Email Address	Relationship
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2. _____

Name	Street Address	City/State/Zip	
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Day Phone Number	Evening Phone Number	Email Address	Relationship
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3. _____

Name	Street Address	City/State/Zip	
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Day Phone Number	Evening Phone Number	Email Address	Relationship
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G. BACKGROUND DISCLOSURE - A “yes” answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:

- | | | |
|-----------------------------|-----|----|
| a. A crime of violence? | Yes | No |
| b. Child abuse or neglect? | Yes | No |
| c. Sexual related offenses? | Yes | No |

2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Date application was received: _____

This applicant: (Pick one)

- Met qualifications for an Extension volunteer position.
 Did not meet qualifications for an Extension volunteer position.

Volunteer Level: 1 2 3