
2021 MASTER GARDENER APPLICATION PACKET

The Anderson 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 12 months of training program completion,
- Attending 4 Master Gardeners of Anderson County Association meetings per year,
- Sharing only University of Tennessee-approved recommendations (not home remedies but research-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:

- **Horticulture Questionnaire**
- **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. 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 Seth Whitehouse.

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

Applications are due no later than January 15th, 2021 and should be sent to:
Anderson County Extension, 100 N. Main St. Room 213 Clinton, TN 37716 OR emailed to
whitehouse@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 do not send payment with this application. Payment of the \$125 training fee may be made after you receive notification your application has been approved and accepted. The fee includes all educational materials and a soil test. You will receive notification of acceptance status on or before January 15th, 2021.

Anderson County Master Gardener 2021 Intern Training

Interested in learning more about gardening, meeting others, and volunteering in our community?

Join us this year virtually! Classes will be held:
February 2nd to April 27th, 2021
Tuesdays from 10:00am to 12:00pm

Registration costs \$125 and includes all educational materials, Master Gardener Handbook, and soil test

2021 Applications are available at the
Extension office and online at:

tiny.utk.edu/AndersonMG

For questions or more information contact:

Seth Whitehouse

UT Extension Anderson County

100 N. Main St. Room 213

Clinton, TN 37716

(865) 457-6246

whitehouse@utk.edu





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Anderson County Master Gardener 2021 Schedule

Date (10:00am-12:00pm)	Class Topic	Speaker
Tues, February 2nd	Orientation/TEMG Program	Dr. Natalie Bumgarner & Workgroup
Tues, February 9th	Environmental Stewardship	Dr. Andrea Ludwig
Tues, February 16th	Botany	Dr. Natalie Bumgarner
Tues, February 23rd	Soils 101	Gregg Upchurch
Tues, March 2nd	Landscape Design & Herbaceous Plants	Carol Reese
Tues, March 9th	Woody Ornamentals & Urban Forestry	Lucas Holman & Dr. Sharon Jean-Philippe
Tues, March 16th	Backyard Fruits	Dr. David Lockwood
Tues, March 23rd	Insect Pests & IPM	Dr. Frank Hale & Dr. Chris Cooper
Tues, March 30th	Plant Diseases & Management	Dr. Alan Windham
Tues, April 6th	Turf & Weed Management	Dr. Tom Samples & Mitchell Mote
Tues, April 13th	Vegetable Gardening	Dr. Natalie Bumgarner & Workgroup
Tues, April 20th	Pollinators & Wildlife	Dr. Jennifer Tsuruda & Dr. Craig Harper
Tues, April 27th	Database Training/Research	Master Gardener Workgroup & Gregg Upchurch

*Outdoor sessions and visits to be held in-person (TBD)

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

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should 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