

# 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 2018 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:	
Sincerely,	



#### **Tell Us About Yourself:**

#### **Basic Information:**

Name						
Preferred name for name badge (First and Last)						
Mailing Address						
Additional Address						
City		St	ate		Zip	
Phone		Email				
Alternate Phone						
☐ Two or more races ☐ White I am an adult age 18 or olde ☐ Yes ☐ No  If accepted into the program	ge of Agricultural and Er Department of Agricult Perials to all people without all orientation or protect of demographic informa dian/Alaska Native Other Pacific Islander Per.	ture, and to but regard ted vetera tion will h	the countied to race, con status and elp ensure	es of Georgia) offers color, religion, sex, no nd is an Equal Oppoi we are supporting of email and phone	its edu ational rtunity, all men	cational origin, Affirmative nbers of our
in a class roster in the partic members.	cipant binder and pro	vided to	iocal Mas	ster Gardener org	anizat	ion
□ 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:		
What horticultural experience of etc.)	r training have you had? (credit or non	-credit courses, workshops,



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

	No	Yes	If yes, please describe.
Writing			
<ul> <li>Newspaper articles</li> </ul>			
<ul> <li>Blog posts</li> </ul>			
Social media content			
Public speaking/teaching			
<ul> <li>Presented to small or</li> </ul>			
large group?			
• Tour guide?			
Hands-on			
demonstrations?			
Computers/technology			
Organizing events or projects			
<ul> <li>Small events or projects?</li> </ul>			
<ul> <li>Large events or projects?</li> </ul>			
Organizing people			
<ul> <li>Building teams</li> </ul>			
<ul> <li>Communication</li> </ul>			
strategies			
Managing people			
Advertising and public relations			
Advertising and public relations			
Fundraising			
Other			
			<u> </u>
Which skills from your previous pr	ofessional ex	periences w	ould 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.). <i>Note: Previous volunteer experience is not required to be accepted into the program.</i>					
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.
	<b>Youth activities and programs</b> – 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.
	<b>Media</b> – 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.
	<b>Speakers' Bureau</b> – 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:
	<b>Demonstration and community gardens</b> – 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.
e yo	our preference for the following volunteer experiences (1 = least preferred; 5 = most preferred)

#### Rate

	LEAST PREFERRED MOST				MOST
Telephone/office work at County Extension Office		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	1 2		3	4	5
answers/recommendations			J		,
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		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 w	which audience(s) are you most comfortable? (check all that apply)
With w	which audience(s) are you most comfortable? (check all that apply)  Youth
	Youth
	Youth Adult

## **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	In what capacity	•
you known this	have you known	
person?	this person?	
Reference 2		
Name		
Address		
City	State	Zip
Phone	Email	
How long have	In what capacity	
you known this	have you known	
person?	this person?	
Reference 3		
Name		
Address		
City	State	Zip
Phone	Email	
How long have	In what capacity	
you known this	have you known	
person?	this person?	

**Return Application to:** 



## **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 o	f Application (mm/dd/yyyy):

10