



THE UNIVERSITY OF GEORGIA
**COOPERATIVE
EXTENSION**



Paulding County Extension
530 West Memorial Drive
Dallas, GA 30132

Dear Master Gardener Volunteer,

I would like to thank you for your service to the Paulding County Master Gardeners. Another year will soon come to a close and it is time again for you to summarize your volunteer activities for the past year. If this is your first year as a Master Gardener, I hope it has been an enjoyable one. You are not required to have completed your 50 hours until one calendar year after your training ends. However, I would like to include your hours in our annual report.

Your contribution to the county and statewide Annual Report of Master Gardener Activities is important. It helps confirm that Master Gardeners are a valued part of Cooperative Extension outreach programs. I have attached a log sheet and an annual summary form, for your convenience, and you can access these online in digital format at www.ugaextension.com/paulding/anr/mastergardener.html under the Master Gardener reporting link.

I am also attaching a Memorandum of Agreement. Please review, sign, make a copy of these documents for your own records, and return the originals to the Extension Office as an indication of your commitment to continue volunteering as a Paulding County Master Gardener. ***All forms should be returned to the Extension office by November 1st.***

Sincerely,

Mary Carol Sheffield
Paulding County ANR Extension Agent

Description of a Master Gardener Volunteer & Their Responsibilities

The Georgia Master Gardener Program is primarily a county-based volunteer educational program designed to develop a program delivery system and necessary teaching resources to assist Cooperative Extension with the main goal of addressing community non-commercial, gardening issues and needs.

Volunteer's Qualifications:

- * Basic knowledge of gardening
- * Enthusiasm
- * Interest in helping people
- * Ability to communicate
- * Knowledge of community resources

Training and/or Resources to be Provided:

- * Master Gardener training sessions
- * Master Gardener reference manuals available for use in office
- * Horticulture library in office
- * Consultations with extension staff
- * Periodic organizational/ educational meetings

Benefits:

- * Participate in training programs in all aspects of basic horticulture.
- * Learn new skills and sharpen old ones.
- * Meet and work with other individuals interested in horticulture.
- * Receive basic program materials at minimal cost.

Time Estimate:

- * Master Gardener initial training 50 hours. First year mandatory - following years optional with individual sessions up to the discretion of the participants.
- * Volunteer Service- 50 hours to be completed within 12 months of completing training. The minimum service requirement is 25 hours each subsequent year in order to remain certified.
- * Periodic organizational/ educational meetings about 1-2 hours per month.

Volunteer's responsibilities:

- * Participate actively in training sessions and keep up-to-date on the latest horticulture information.
- * Answer consumer questions on horticulture related information for both phone consultations and personal contacts.
- * Provide reliable, unbiased information in accordance with published Cooperative Extension resources.
- * Promote awareness of Cooperative Extension.
- * Maintain records of volunteer service.
- * Teach basic horticultural classes to appropriate community groups

Assists with any or all of the following options:

- * Soil Testing Clinics
- * Plant Diagnostic Clinics
- * Junior Master Gardener programs at local schools
- * Other programs approved by the local Extension office



GEORGIA MASTER GARDENER

Memorandum of Agreement for Veteran Paulding County Master Gardeners

I wish to be **recertified** as a Georgia Master Gardener for the year _____.

Thank you for agreeing to volunteer your services to the University of Georgia (UGA) through the College of Agricultural and Environmental Sciences Cooperative Extension Master Gardener Program. Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I agree to serve as a volunteer with UGA and the College of Agricultural and Environmental Sciences Cooperative Extension Master Gardener Program. I agree to donate a minimum of 25 hours of public volunteer service to Paulding County Extension during the year. I agree to maintain and turn in to the Paulding County Extension office a record of my volunteer hours, contacts and mileage for verification of service, as well as a yearly summary of volunteer hours. I understand that maintaining active Master Gardener Status requires that I turn in my yearly summary by December 1, of the upcoming year.
2. I agree that my participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment, academic credit). 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.
3. I agree that, as a volunteer, I will not be acting as a UGA employee. I understand and agree that UGA and I both have the right to end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
4. I understand that as a volunteer, I will not be entitled to any employee benefits. I understand that UGA will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation.
5. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to accidental injury during volunteer activities such as work days at community gardens, etc. I voluntarily accept these risks.
6. 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 patients, 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.
7. I understand that as a Georgia Master Gardener, I am a representative of the University of Georgia working under the direction of the Paulding County Extension Agent. I understand that my role as an Extension volunteer results in close interaction with the Extension office and staff, which results in my responsibility to maintain a professional demeanor. My interactions with office staff, clients, and other volunteers will be respectful and appropriate for a place of business. Discrimination or harassment of any kind is not acceptable and could result in immediate loss of certification privileges. I agree to abide by the Administrative Guidelines set forth by the University of Georgia's Master Gardener Administrative Manual.
8. I will not use my Master Gardener status to promote any commercial activity or private business. I understand that as a Georgia Master Gardener Volunteer I am a representative of The University of Georgia and as such,

discrimination of any kind is not acceptable and could result in immediate loss of certification privileges. I agree that any non-commercial pesticide or cultural recommendations given will be in accordance with published University of Georgia Cooperative Extension recommendations.

9. I understand that if I wish to continue my membership with the Georgia Master Gardener Association, it is my responsibility to renew that directly with GMGA. I understand membership in GMGA is not mandatory although if I am not a member in good standing, I could be excluded from participation in GMGA activities such as Advanced Training Certification, annual conferences, receiving newsletters, etc.

10. I understand that Cooperative Extension and the University of Georgia College of Agriculture offer educational programs, assistance and materials to all people without regard to race, color, national origin, age, sex or disability.

Volunteer's Signature _____ Date _____
Volunteer's Printed Name _____ Phone _____

Witness's Signature _____ Date _____
Witness's Printed Name _____

Please move me to inactive status for the year _____ as I will not be able to fulfill my volunteer commitment this year. I understand that I remain eligible to become active at a later time and if I choose to do so will contact the County Extension Agent to sign a Memorandum of Agreement at that time. Please keep me on the email/ mailing list to receive information about programming.



Signature

Date

