



THE UNIVERSITY OF GEORGIA  
**COOPERATIVE EXTENSION**  
Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

Paulding County Extension  
530 West Memorial Drive  
Dallas, GA 30132

Dear Master Gardener Applicant:

Attached is the *General Master Gardener Volunteer Program Application*. This form needs to be completed, signed and returned to the Paulding County Extension office. **The 2011 class is scheduled to be held weekly on Thursdays, from January 6, 2011 through April 14, 2011 at the North Metro Campus of Chattahoochee Technical College. Applications for this class are due to the Extension office by 5 pm on September 30th, 2010.** A current schedule of Paulding County Master Gardener programs can be found at our website:

<http://www.ugaextension.com/paulding/news.html>.

As enrollment in the Master Gardener program is limited, you are encouraged to fill out the application as thoroughly as possible. Please share the attached reference forms with the three individuals you list on your application and ask that they return them via mail to our office. The selection committee, comprised of a group of veteran Master Gardeners and the County Extension Agent, reads all applications. Please return completed application to: **Paulding County Extension, 530 West Memorial Drive, Dallas, GA 30132.**

If you are selected as a Master Gardener Volunteer, you will be asked to submit the program fee of \$140 by the deadline of November 1, 2010. Master Gardener classes will be held in Acworth at the North Metro Tech/Chattahoochee Technical College Campus beginning on January 6, 2011. Classes will be held every Thursday from 9:30 am to 3:00 pm through April 14<sup>th</sup>, with a required orientation session on February 17<sup>th</sup> at the Paulding County Extension office. If payment is not received by the deadline, your name will be removed from class acceptance and an alternate selected.

In exchange for training, Master Gardener interns are required to pass a midterm and a final exam with a score of at least 70%, not miss more than 1 day of classes and to complete 50 hours of approved volunteer service in Paulding County within one year to become a certified Master Gardener. The University of Georgia Extension Master Gardener Volunteer Program offers many opportunities to make new friends and enhance your horticultural expertise while helping others to learn through Extension volunteer education activities. We look forward to receiving your application.

Sincerely,

Mary Carol Sheffield  
Paulding County Extension Agent, ANR

COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES, COLLEGE OF FAMILY AND CONSUMER SCIENCES  
WARNELL SCHOOL OF FOREST RESOURCES, COLLEGE OF VETERINARY SCIENCES

The University of Georgia and Fort Valley State University, the U. S. Department of Agriculture and counties of the state cooperating.  
The Cooperative Extension Service offers educational programs, assistance and materials to all people without regard to race, color, national origin, age, sex or disability.

An equal opportunity/affirmative action organization committed to a diverse work force.

## **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



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Extension 4-H Volunteer Application

First Name:		Middle Name:		Last Name:	
Address:			City:		State: Zip:
Primary Phone No.			Alternate Phone No.		
Social Security No. (required for background check)			Email Address:		
Date of Birth: (required for background check)					
Have you ever been convicted of a felony or are any felony charges now pending against you?			Please explain any pending felony convictions:		
Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance:			If yes, please explain:		
Are you now, or have you been within the last ten (10) years, been a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives been the overthrow of the government of the United States or the government of the State of Georgia by force or violence?			If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.		
Have you ever been discharged or forced to resign from employment?		If yes, give name of employers and reasons:		Are you 16 years of age or older?	
Do you currently have a valid driver's license?			Do you currently have a valid GA Commercial driver's license?		
Current Licenses/Certificates Held:		Issued By:		Expiration Date:	

Educational Institutions

Name of School:		City:		State:	
Level HS, College, etc:		Major if applicable:		Did you graduate?	
Degree (if applicable):		If no degree received, number of years completed:		Last Date Attended (blank if still attending):	

References (Who is familiar with your character as it relates to working with youth.)

Name of Reference:	Title:	Company:	Phone No:
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How do you know this reference?

Name of Reference:	Title:	Company:	Phone No:
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How do you know this reference?

Name of Reference:	Title:	Company:	Phone No:
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How do you know this reference?

Skills, Knowledge & Abilities

Do you have supervisory experience?	If yes, please give details.
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Agreement

In connection with your application to volunteer with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota, or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_

Applicant's Name	Applicant's Signature	Date
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*For Office Use Only:*

Sent by: \_\_\_\_\_  
Name

\_\_\_\_\_ Email

Please list your previous volunteer activities and community involvement with dates (church, civic, charity, PTA, etc)

What horticultural experience have you had? Please include any formal training (i.e. Credit, non-credit, or workshops)

What days and times are you available to volunteer? *Please be specific.*

Are there times when you will be unavailable to volunteer-Please give specific dates, days, times (work obligations, other volunteer commitments, personal obligations)?

If accepted into the Master Gardener Program, what is your greatest area of gardening interest and how would you like to translate that interest into education and outreach as an Extension volunteer?

Rank the following tasks from 1-10, with 1 being the task in which you have the most interest and 10 being the task in which you have the least interest. Use each number only once.

- \_\_\_ Public relations for Master Gardener Programming
- \_\_\_ Teaching classes/workshops on gardening
- \_\_\_ Working outdoors on gardening projects
- \_\_\_ Newsletter editing/layout
- \_\_\_ Writing articles for newsletter/newspaper
- \_\_\_ Helping walk in and telephone clients with horticulture questions at the Extension office
- \_\_\_ Master Gardener administration (serving as a committee chair or officer, organizing MG activities)
- \_\_\_ Working with 4-Her's
- \_\_\_ General Office assistance at Extension office (copying, filing, greeting clients, computer work)
- \_\_\_ Speaking to civic organizations and garden clubs about horticulture topics

How do you feel taking the Master Gardener course and becoming a Certified Master Gardener would help you?

What are some ways you can see yourself as a Master Gardener Volunteer in our community?

On a separate page provide ONE of the following (you may use more than one sheet of paper if needed):

1) Outline a project that you might like to do in your community. You will not be required to do the project you outline; however, your project may be adopted to be used by the Master Gardener Program. Master Gardeners participate in a wide variety of school, civic, and homeowner programs. In your description include the goals of the project, its location (if applicable), and the responsibilities of the Master Gardeners involved in the project.

2) Write a sample article about a gardening topic. For example, write about your favorite plant, a fond gardening memory, or a gardening experience you would like to share with others. Be creative, and feel free to write about any garden-related topic you think would be of interest to others.

Thank you for taking the time to complete this application!

MEMO TO:

FROM: Mary Carol Sheffield, Paulding County Extension Agent

\_\_\_\_\_ is applying to serve as a volunteer with the Paulding County Extension program and has given your name as a reference. Individuals serving as chaperones will be in supervisory and leadership roles with youth ages nine to nineteen. Volunteers help youth have fun while learning new skills, increasing their abilities to work together, managing their own activities, and developing into productive adults.

The Extension Service needs your assistance in selecting the most qualified people to serve in volunteer roles and appreciate your prompt completion of this reference form. All comments will be treated in a confidential manner and will not be shared with the applicant. Please return the enclosed reference form to me at:

Paulding County Extension, Attn: Master Gardener Program Coordinator  
530 West Memorial Drive  
Dallas, GA 30132

Contact me if you have any questions or concerns and again, thank you, for your assistance.

## Youth Leader Personal Reference For Cooperative Extension Programs

*Please feel free to add additional pages of comments or information. Return this form and any attachments to: Mary Carol Sheffield, UGA Extension, Paulding County 530 West Memorial Drive, Dallas, GA 30132*

Candidate \_\_\_\_\_

How long and in what capacity have you known the applicant?

Please use the checklist to evaluate the applicant's qualities. Use the following marking system.

E=excellent	G=good	F=fair	N=Not known
Understanding of children _____			Dependability _____
Communication skills _____			Enthusiasm _____
Ability to organize _____			Flexibility _____
Supervisory skills _____			Initiative _____
Role model for youth _____			Resourcefulness _____
Respected by others _____			Ability to work with others _____
Sense of humor _____			Sense of fairness _____
Leadership skills _____			

Do you know of any reason why this person should not be in an unsupervised leadership role with youth? If so, explain.

Would you be willing to place your child or any other child for whom you are responsible, under this person's unsupervised care? Why or why not?

Would you select this person for this position? Please explain.

Signature \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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Would you select this person for this position? Please explain.

Signature \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**2011 MASTER GARDENER APPLICANT  
CONTRACT OF UNDERSTANDING**

As a Paulding County resident, I wish to be considered for the Master Gardener Program. I understand training begins January 6, 2011 and concludes April 14, 2011. I understand that to be eligible for certification I cannot miss more than 1 training session to be held Thursdays from 9:30 a.m. until 3:00 p.m. at North Metro Tech/Chattahoochee Technical College in Acworth. I must also receive passing grades on the midterm and final exams.

In order to receive Master Gardener certification, I agree to complete a total of 50 hours of volunteer service from designated areas of the Master Gardener Intern volunteer opportunity list, including Extension Office Assistance (Up to 25 hours of this volunteer time may be required by my County Extension office and can include telephone duty, answering clients' questions, computer work, research, copying, etc.), Demonstration Gardens, Community Programming Efforts, Publications and Newsletters, Fundraising activities, and Master Gardener Program Administration.

I agree to maintain and turn in to the Paulding County Extension Service a yearly record of my volunteer hours, contacts and mileage for verification of service, as well as a yearly summary of volunteer hours. This summary is due to the County Extension Agent no later than December 1, 2011. To continue to remain certified, I must complete 25 hours of service each year from the approved project/activity list.

I understand that the fee for this year's classes is \$140 and that a check made out to "Paulding Agribusiness" is required at the time of acceptance into the program. This fee covers program costs, including a badge, the *Georgia Master Gardener Handbook*, and other program materials.

I understand that as a Georgia Master Gardener Intern, I am a representative of the University of Georgia working under the direction of the Paulding County Extension Agent. As a representative of the University of Georgia, I understand that my volunteer hours should relate to Extension programming or be approved in advance by the Paulding County Extension Agent. I understand that my role as a 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 and the Paulding County Master Gardener Association Bylaws. I understand that Master Gardener status is acquired only after completing my 50 hours of volunteer service. I understand that the Master Gardener Badge is only to be worn in a volunteer capacity and is not to be worn to work or in any other moneymaking capacity. I will not use my Master Gardener Status to promote any commercial activity or private business. I understand that violation of this policy may cause immediate withdrawal of all certification privileges.

I agree that any noncommercial pesticide or cultural recommendations given will be in accordance with published University of Georgia Cooperative Extension Service recommendations.

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.

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Applicant Signature

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Date

## Georgia 4-H Volunteer Leader/Extension Program Agreement

Adults who assume Extension volunteer roles have the opportunity for a personally rewarding experience. It is satisfying to observe the personal growth and development that occurs through your volunteer efforts.

The University of Georgia College of Agricultural and Environmental Sciences Cooperative Extension Service takes seriously its obligation to youth and those leaders that work with 4-H club members. Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these in signing where indicated. In addition, adults serving as leaders can expect the following from the University of Georgia Cooperative Extension Service.

*UGA Cooperative Extension Service agrees to:*

- \*provide an orientation to Extension for the leader
- \*provide a job description, orientation and training as needed for position
- \*provide assistance, support and encouragement
- \*inform leaders of upcoming events and activities
- \*give recognition for time and energy devoted to the job

*Volunteer agrees to:*

- \*participate in an orientation to Extension
- \*participate in other orientation and training sessions as needed for position
- \*be supportive of Extension programs and changes as they occur
- \*follow and abide by *Guidelines for 4-H Volunteers*
- \*work cooperatively with the county, district and state Extension staff

We, the County Extension Agent and 4-H Volunteer, agree to the terms listed above. Knowing that this agreement is not all inclusive, we both reserve the right to re-evaluate the terms of the agreement periodically and may at that time terminate the agreement.

\_\_\_\_\_  
Signature of County Extension Agent

\_\_\_\_\_  
Signature of 4-H Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## The University of Georgia Master Gardener Volunteer Agreement

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.
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 upon completion of the classroom training I will be expected to donate 50 hours of public volunteer service to UGA CAES Cooperative Extension during the 12 months following the training program. I will provide a record of this service at the end of the year. I also understand that in order to maintain active status as a Master Gardener Volunteer, I must volunteer 25 hours annually.
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.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer's Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If the volunteer is a minor)

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Printed Name \_\_\_\_\_