# Georgia Master Gardener Volunteer Application

**Name** **(PLEASE PRINT)**

**Address**

**City** **Zip Code**

**Home Phone** **Business Phone** **E-mail**

**As a County resident, I wish to become a Master Gardener Volunteer and would like to be accepted into the Master Gardener Training Program beginning , 20 . I understand that if accepted, I will agree to donate fifty (50) hours of volunteer time (25 to be served in the County Extension Office) to County Extension during the 200 calendar year. I will not use my Master Gardener status to promote a commercial venture.**

**Signature**

**PLEASE RATE THE FOLLOWING ACTIVITIES ACCORDING TO YOUR PREFERENCE ON A SCALE OF 1-5 (1=Least Interested, 5=Most Interested)**

**TEACHING**

**Small Groups (1-15 persons)** 0

**Large Groups (16 + persons)** 0

**Children** 0

**Senior Citizens** 0

**Persons with Disabilities** 0

**General Educational Workshops** 0

**Garden Clubs & Civic Groups** 0

**OFFICE ASSISTANCE**

**Phone Calls** 0

**Walk-in Clients** 0

**Designing/Writing Brochures** 0

**Writing Articles for Newsletter** 0

**Do you have any expertise in any of the following: Writing, Photography, Teaching, Public Speaking, Computers, Other: Specify**

**Cooperative Extension continually strives to increase the quality of its community outreach programs. Master Gardeners have participated in a variety of school, civic, and homeowner programs for years.**

**Outline a project that you might like to do in your community. It could be a county-wide project or focused on a local neighborhood. You will not be required to do the project you outline; however, your project may be adopted to be used by the Master Gardener volunteer program.**

**(1) Describe the project and include what the goals would be.**

**(2) Describe location/site, if applicable (examples: school, park, etc.)**

**(3) Estimate how many other Master Gardener volunteers you would need for this project. List what their responsibilities would be.**

**(4) Estimate number of hours needed: Weekly, Monthly, Yearly**

**What would be the best times for you to do your volunteer hours?**

**Morning Afternoon Evening**

M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S ☐

**How did you learn about the Master Gardener program? (Friend, newspaper, radio, etc.)**

# 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_____. 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 _____

# Master Gardener Volunteer General Job Description

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 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
* Other_____

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

Time Estimate:
* Master Gardener training 40 hours. First year mandatory -following years optional with individual sessions up to the discretion of the participants.
* Volunteer Service- 50 hours (about 4-5 hours per month) minimum during the first year after training. The minimum service requirement is 25 hours each subsequent year
* Periodic organizational/ educational meetings about 1-2 hours per month.

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.