UF/IFAS Extension Alachua County Office 2800 NE 39th Avenue, Gainesville, FL 32609

Phone: (352) 955-2402 Fax: (352) 334-0122 http://sfyl.alachua.ifas.ufl.edu E-mail: tclem@alachuacounty.us

Florida Master Gardener Volunteer Application

Citizens interested in volunteering for the UF/IFAS Extension Florida Master Gardener Volunteer program must complete this application. Acceptance is contingent on return of this form to your county Extension office for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

General Information				
Last Name	First Name	Initial		
Address	E-mail			
City	State Zip Code Day Phone:			
How long have you lived at th (if less than five years, attach a sheet previous addresses for the past five y	listing all Years Months			
List work experience during the	past five years, with the most recent experie	ences first. Attach a page if needed.		
Employer	Position/Title	City/State	Years	
List <i>volunteer</i> experience during groups. Attach a page if needed		cent experiences first. Identify work with you	ıth and community	
Organization/Group	Role/Title	City/State	Years	
Personal Interest Have you applied for the Mas	ster Gardener training before? No	Yes If yes, when? Where		
Please list any training and/or p	ractical experience you have had in gardeni	.ng, norticulture, larming, or related fields: 		

How did you learn about the Florida Master Garden	er Program?	
Why do you want to become a Master Gardener?		
List all time periods that you can do volunteer work,	, e.g., every Friday afternoon, first Thursday of each month, etc	
Poforoncos Liet three references who have known	ladge of your gualifications but who are not related to you	
	ledge of your qualifications but who are not related to you.	
Name	E-mail Address	Phone
Have you ever pled no contest or guilty to a crimina offense within the past seven years?	Il offense or have you been convicted and/or had adjudication	ı withheld for a criminal
□ No □ Yes		
If yes, explain:		
Have you ever pled no contest or guilty to a crimina offense involving a minor (including a deferred important)	Il offense or have you been convicted and/or had adjudication osition of sentence?	ı withheld for a criminal
□ No □ Yes		
If yes, explain:		
Note: A criminal record will not necessarily disqualify a the volunteer role.	an applicant. A criminal record will be considered as it relates to s _l	oecific responsibilities of
Computer Skills Please indicate computer & tec	chnical skills you are proficient in that could benefit the progra	am:

PLEASE READ THE "HISTORY OF THE MASTER GARDENER PROGRAM" AND "FLORIDA MASTER GARDENER ANNUAL VOLUNTEER AGREEMENT" AND ANSWER THE FOLLOWING QUESTIONS

The History of the Master Gardener Program

The rapid urban growth in many areas of the United States coupled with increased interest in the environment and home gardening have prompted ever-increasing numbers of homeowner questions to the County Extension Service agents. Many of these questions are seasonal in nature and are relatively easily answered assuming that one has horticultural training.

In 1972, an innovative Extension Agent in the State of Washington reasoned that well-trained volunteers could respond to many of the everyday homeowner questions freeing him and his colleagues for more technical and difficult problems. Volunteers, such as Extension Homemakers and 4-H Leaders had always been a part of the Extension Service but never in the area of homeowner horticulture. The Extension agent selected, trained, and certified volunteers as Master Gardeners. They soon succeeded in meeting his desired objectives in fact they exceeded his expectations. This led to the genesis of the Master Gardener volunteer program.

Since that time, the Master Gardener Program has grown and is now in all 50 states. Florida's began in 1979. The program has been a tremendous success and is now active in most of Florida's 67 counties. The Florida Master Gardener Program is sponsored by the University of Florida's Institute of Food and Agricultural Sciences (IFAS) of which the Cooperative Extension is a part.

Just what is the Cooperative Extension Service? For a more complete understanding of this unique organization, we must go back to 1862 when the U.S. Congress passed the Morrill Act which established colleges in each state to be financed through grants of land from the Federal government. They became known as "land grant colleges", a name which persists today. These colleges would emphasize teaching practical subjects such as agriculture and home economics. The 1887 Hatch Act provided for experimental stations at Land Grant Colleges to conduct research for those colleges' agricultural problems.

Then in 1914 the Smith-Lever Act created the extension Service as a part of these colleges as a means of disseminating the practical knowledge gained through agricultural research. The University of Florida at Gainesville is Florida's land grant college; The Institute of Food and Agricultural Sciences (IFAS) is that part of the university which has the responsibility for the Cooperative Extension Service.

The term "cooperative" refers to the method by which Extension services are funded. In Florida, three cooperating tax sources provide funds: the U.S. Department of Agriculture, the State through legislative appropriations, and the counties through appropriations by county governments. The word "cooperative" also implies a sharing of information generated through sound research programs at the federal and state levels. The term "extension" defines this organization's purpose -- to extend the information generated at the state and federal level to people at the county level in the form of a "service". The Cooperative Extension Service is an informal education organization which provides three main areas: agriculture, human and natural resources, and the life sciences.

The motto and goal of the Cooperative Extension Service is "Helping People Help Themselves". Thus, you can see how well the volunteer Master Gardener concept fits into the ultimate objectives and goals of the Extension Service.

I wish to become a Florida Master Gardener and would like to be accepted into the training program beginning Sept. 12, 2019. I understand that if accepted and I successfully complete the course of instruction, I agree to donate at least 75 hours of public service in the 12 months following the training through the Florida Master Gardener Program. I have also read, understood, and agreed to abide by the policies regarding the Florida Master Gardener Program as outlined in the Annual Volunteer Agreement.

I certify that the above information is correct. I authorize the University of Florida IFAS Extension Service to request information for conducting a background check and to contact references. I authorize a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process application.

Name		Date	
Date of Birth	Driver's License Number & Sta	ate	

Thank you for your application. Return the application to the UF/IFAS Extension Alachua County Office, 2800 NE 39th Avenue, Gainesville, 32609 at your earliest convenience (deadline 7/25/19). You may send electronically or mail/drop off/fax (352)334-0122. If you have any questions please call Taylor Clem or Peggy Vanyo at (352)955-2402.

NOTE: This form is to be completed each December by every Master Gardener Record of Volunteer Service Section 1: Volunteer Information

First Name:

Date of Birth:	Phone Nun	nber:	
Address	City:	Zip:	
Have you ever pleaded "nolo contendere" withheld) to a first degree misdemeanor o	•	U ,	adjudication

Initial:

Offense & disposition (please explainfully):

Last Name

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

MASTER GARDENER VOLUNTEER AGREEMENT FORM

Section 2: Statement of Understand and Agreement for Master Gardener Volunteer

- 1. Be courteous and respect the individual rights of all participants.
- 2. Be a positive role model at all times.
- 3. Represent the educational mission of the UF/IFAS Extension Service. Accept support and supervision from Extension program representatives.
- 4. Comply with equal opportunity and anti-discrimination laws.
- 5. Operate machinery and equipment in a safe and responsible manner.
- 6. Obey local, state and federal laws. Follow policies set out for county, district and state Master Gardener programs.
- 7. Act wisely and responsibly to report threats toward the safety and well-being of participants.
- 8. Establish and maintain safe environments for participants.
- 9. Only use the Master Gardener name/emblem as defined through the Florida Master Gardener guidelines.
- 10. Not use or be under the influence of alcohol or drugs during my responsibilities in Extension programs.
- 11. Not commit any criminal act involving youth or activities with Extension programs.
- 12. Not threaten or abuse any participant by physical, verbal, sexual or emotional means. If I observe abuse I will report it.

In addition, I agree to:

Complete and submit in a timely manner record forms that are required by the Extension Master Gardener program.

After successful completion of the training, interns are required to volunteer a minimum of 75 hours the first year to achieve Master Gardener Volunteer certification. Thirty-five volunteer hours and 10 continuing education units are required in subsequent years to maintain an active status with the program.

Arrange for the return of all Master Gardener property, supplies, equipment and funds for which I am responsible to the County Extension Master Gardener Agent at the UF/IFAS Extension Alachua County Office when I cease to be a volunteer.

I have read and I understand the Volunteer Agreement above. I understand that any action on my part that contradicts any portion of these expectations is grounds for the suspension, removal or termination of my role with UF/IFAS Extension Alachua County Master Gardener programs. I understand that being a volunteer working with Master Gardener events is a privilege, not a right. **(Appointments are renewed on an annual basis.)** My term as a Master Gardener is from December 1 to November 30 of the current Master Gardener year, or any other time as agreed upon below. This may be extended upon consent of me and the County Extension Master Gardener Agent. My term may also be terminated at any time by either myself or the County Extension Master Gardener Agent.

Last Name	First Name Initial
	Sprouting Kit Questionnaire #1
MAKI	ONE SELECTION FOR EACH QUESTION
The Master Ca	edanar Dragram is enancared by
	rdener Program is sponsored by:
	Penartment of Agriculture
	Department of Agriculture
·	titute of Food and Agricultural Science - University of Florida)
	epartment of Plant Industry
•	erative Extension Service was created by a legislative act called:
OThe Morri	
	I-Lever Act (1914)
The Hatch	
 Master Ga 25 hours 	ardeners are required to volunteer how many hours to public service? each year
○ 60 hours	each year
75 hours	he first year and 35 hours in future years in order to remain active
○ 60 hours	he first year and 25 hours in future years in order to remain active
3. Master Ga	ardeners are required to attain how many additional hours of horticultural training in order to recertify for another year?
○3 hours	
C 6 hours	
10 hours	
C 15 hours	
•	ourpose of the Master Gardener Program is to increase or extend the service and output of information offered by the Extension Service.
OTrue C	False
5. The Coop	erative Extension Service provides information to the community primarily in the program(s) and area(s) of:
O Home Eco	onomics
Youth	
Agricultur	re
All of the	above
6. Master Gai	deners make recommendations to homeowners based on:
O Public sou	rces such as books, magazines and newspaper articles
O Personal,	practical experience
OInformation	on generated by the University of Florida/IFAS Extension
All of the	above
7. The title N	Master Gardener is to be used only in association with the Florida Master Gardener Program and is not to be used for

8. Master Gardeners are expected to extend information to people involved in commercial agricultural/horticultural endeavors.

OTrue OFalse

OTrue OFalse

Sprouting Kit Questionnaire #2

There are many reasons why individuals want to be part of this effort and program. Please take a few minutes to answer the following questions. Beside each comment below, enter the number which best describes how important it is to you.

1.	Extremely	important
	LALICITION	III POI tuitt

- 2. Very important
- 3. Important
- 4. Somewhat important
- 5. Of minor importance
- 6. Not a reason or factor

Becoming a Master Gardener is important to me because:

I will have the opportunity to receive useful training.

I will become a part of the University of Florida.

I will have the opportunity to share my knowledge with other gardeners.

I will gain practical experience that can help me get a job.

I will be able to provide a service to other people in my community and/or neighborhood.

I can get a tax credit for my volunteer work.

I will receive free instruction and materials.

I will be able to increase my knowledge in the area of gardening.

I will gain a great deal of personal satisfaction. I will be able to creatively use my free time.

I will gain a great deal of personal satisfaction.

I will be recognized by people in my community.

I will be able to gain new skills as a gardener.

I will be be certified by the University of Florida, Cooperative Extension Service.

Other reasons: Please use space below.