

Athens Area  
Master Gardener  
Extension Volunteer Program  
2018 Application



**T**hank you for your interest in the 2018 Athens Area Master Gardener Extension Volunteer program! Established in 1990, the Athens area program provides novice and seasoned gardeners with an intensive educational experience in horticulture principles, practices and pest management. The program goal is to enable participants to assist UGA Extension staff in transferring research-based gardening information to the public. Currently, more than 200 Master Gardeners serve the Athens area. In 2016, this distinguished group of volunteers recorded over 15,000 hours of service and interacted with 25,000 community members.

#### 2018 Program Schedule

Classes for the 2018 program will take place on Tuesday and Thursday mornings from 8:45-11:30 a.m., beginning Tuesday, January 2 through March 29, 2018. A class reception is scheduled for Tuesday, April 3 at 6 p.m. Classes will be held at the State Botanical Garden of Georgia in Athens. *Note: Classes for the 2019 Athens Area Master Gardener program will take place on Tuesday and Thursday evenings from 5:45-8:30 p.m. during the same months at the State Botanical Garden of Georgia.*

#### Program Fee and Materials

For accepted applicants, the program fee of \$230 will be due by Thursday, December 1, 2017. This fee covers 50 hours of classroom instruction, class supplies and handouts, and the *Georgia Master Gardener Handbook*.

#### Volunteer Commitment

Each program participant commits to volunteering 50 hours of approved volunteer service within his or her first year of training and 25 hours each year thereafter to retain active Georgia Master Gardener status. Participants learn about a variety of approved service opportunities throughout the course. As they begin volunteering, participants receive hands-on training from veteran Master Gardener Extension Volunteers and UGA Extension staff.

#### Background Screening

In order to apply for the Athens Area Master Gardener Extension Volunteer program, applicants must submit the UGA Cooperative Extension Application for Screening form included in this application. This form is required of all UGA Extension volunteers. *Please be sure to complete the form in its entirety, including the address information for the three references.*

#### Application Deadline

Applications are due by November 1, 2017. Applicants will be notified of their acceptance status by November 15, 2017. Applications that do not include the Application for Screening form will not be considered.

Questions may be directed to Amanda Tedrow, ACC Extension Agent at 706-613-3640 or [atedrow@uga.edu](mailto:atedrow@uga.edu).

**Mail or hand-deliver completed applications to:**

Amanda Tedrow  
Athens-Clarke County Extension Office  
2152 West Broad Street  
Athens, GA 30606



**Please print clearly.**

Full Name

Preferred Name for Nametag

Address

City

State

Zip

County

Email Address

Primary Phone Number

Secondary Phone Number

What is your occupation (current and/or previous)?

Why do you want to be a Master Gardener Extension Volunteer?

Please describe your gardening experience.

What areas of horticulture interest you? Ex: vegetables, woody ornamentals, organic gardening, annuals, perennials, native plants, cactus, succulents.

To be eligible to graduate from the Master Gardener program, you must attend at least 80% of the classes. Will you be able to attend at least 80% of the classes?

Yes  No  Probably

As a Master Gardener student, you are responsible for providing your own transportation to and from class on Tuesday and Thursday mornings. Will transportation be a problem for you if accepted into the program?

Yes  No

If yes, please explain:

Do you have experience teaching youth?

Yes

No

Do you have experience teaching adults?

Yes

No

Do you speak another language fluently?

Yes

No

If yes, please list:

What kinds of volunteer experience do you have? *Note: Previous volunteer experience is **not** required to be accepted into the program.*

Educating others about gardening is part of a Master Gardener’s responsibilities. List two or more gardening topics that you would enjoy teaching to others in the future. *Note: You do not need to be knowledgeable in these topics, but you should have a desire to learn more about them and transfer this information to others.*

List any education-based projects or activities that you might do to fulfill your required volunteer hours. Ex: answer gardening questions at the ACC Extension office, staff informational booths at farmers markets and local events, conduct plant clinics, help with Plant a Row for the Hungry gardens, assist curators at the State Botanical Garden of Georgia, teach Junior Master Gardener programs at local schools.

Please mark when you **will be able to volunteer**, and leave blank the times you will not be available. Please complete this section honestly and to the best of your abilities.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 A.M.-Noon							
1-5 P.M.							
5-8 P.M.							

Will you continue to volunteer as a Master Gardener after meeting your first year, 50-hour requirement? *Note: After your first year, you are required to volunteer 25 hours per year to remain an active certified Georgia Master Gardener.*

Yes  No  Probably

If no or probably, please explain:

The following questions will not affect your eligibility into the  
Master Gardener Extension Volunteer Program.

How did you hear about the Master Gardener Extension Volunteer program?

Do you currently know any active Master Gardeners?

Yes

No

Name(s): \_\_\_\_\_

Do you currently work in the green industry (landscaping, plant nursery, etc.)?

Yes

No

If yes, in what area? (Mark one below.)

Landscaper

Garden designer

Garden center employee

Grower/farmer

Other professional (please list): \_\_\_\_\_

Indicate highest educational level you have attained.

High school

Associate's degree

Bachelor's degree

Master's or doctorate

Have you ever applied to a Master Gardener program before? If so, where and when?

If accepted into the program, I consent to have my name, address, email and phone number included in a class roster in the participant binder and provided to Athens Area Master Gardener Association members.

Yes

No

**On the following pages, please review, complete and sign the following:**

- Georgia Master Gardener Extension Volunteer General Role Description
- UGA Cooperative Extension Consent for Background Investigation
- UGA Cooperative Extension Application for Screening

***Note: This screening is a requirement of all UGA Extension volunteers. While serving as a Master Gardener Extension Volunteer you may work with children, money or other sensitive information. You are also a representative of the University of Georgia while volunteering in a Master Gardener Extension Volunteer capacity. Please be sure to complete the form in its entirety, including the address information for the three references.***

**Mail or hand-deliver completed applications to:**

Amanda Tedrow  
Athens-Clarke County Extension Office  
2152 West Broad Street  
Athens, GA 30606

## Georgia Master Gardener Extension Volunteer General Role Description (Trainee)

(Must be included as part of the volunteer application and Volunteer Agreement)

**ROLE TITLE:** Georgia Master Gardener Extension Volunteer Trainee

**SUPERVISOR:** Amanda Tedrow, Agricultural and Natural Resources Agent, atedrow@uga.edu

**LOCATION:** Athens-Clarke County Extension Office, (706) 613-3640

### GOAL OF MASTER GARDENER PROGRAM:

The Master Gardener program in Georgia is a volunteer training 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. Through this program, Cooperative Extension is able to reach out and serve more citizens with educational programming and demonstrations. Master Gardener Extension Volunteers complement, enhance, and support on-going Agriculture and Natural Resources educational programs using applied research and the resources of University of Georgia. The Georgia Master Gardener Extension Volunteer Program is a county-based volunteer program designed as an educational program delivery system and teaching resource to assist Cooperative Extension with the main goal of addressing community non-commercial, horticulture and gardening issues and needs.

### VOLUNTEER QUALIFICATIONS:

- Available 90 hours in the first year for training and project implementation (25 hours each year thereafter)
- Interest in teaching Georgians about horticulture and gardening
- Basic knowledge of gardening and horticulture preferred
- Enthusiasm
- Ability to communicate with others
- Knowledge of community resources
- Previous volunteer experience a plus

### VOLUNTEER RESPONSIBILITIES:

- Participate in appropriate orientation, training, planning, and evaluation sessions (completing the required 40 hours of classroom training before volunteering), and keep up-to-date on the latest horticulture information.
- Complete a University of Georgia Volunteer Agreement and background screening.
- Provide reliable, unbiased information in accordance with published Cooperative Extension resources.
- Promote awareness of Cooperative Extension.
- Maintain records of volunteer service, including hours volunteered, contributions, and results. Report records to the Agent, coordinator, or other supervisor as directed.

Athens-Clarke County Cooperative Extension  
 2152 West Broad Street  
 Athens, GA 30606

- Wear an official UGA Master Gardener Extension Volunteer nametag while volunteering on behalf of UGA.
- Exercise personal integrity as a volunteer.
- Uphold the policies and follow the procedures of the UGA CAES MG Extension Volunteer Program.
- Follow through with completion of educational programs/projects, communicating about problems and successes.
- Identify needs for training and participate as a team member of UGA CAES Extension.
- Participate in approved UGA Extension projects. Indicate on the attached sheet the projects/teams in which you are interested in volunteering.

Working at the Athens-Clarke county Extension office Master Gardener desk, Junior Master Gardener programs at local schools, Plant a Row for the Hungry gardens, State Botanical Garden of Georgia Master Gardener desk, and other approved projects.

**TRAINING AND/OR RESOURCES TO BE PROVIDED:**

- Master Gardener Extension Volunteer training sessions (40 hours)
- Periodic organizational/ educational meetings
- Master Gardener Extension Volunteer reference manuals available for use in office
- Horticulture library in office
- Consultations with Cooperative Extension staff

**TIME ESTIMATE:**

- Master Gardener Extension Volunteer Training: 40 hours
- Volunteer Service: 50 hours (about 4-5 hours per month) minimum during the first year after training
- Periodic organizational/ educational meetings: 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.

**INTENT TO VOLUNTEER**

I, \_\_\_\_\_, commit to at least 40 hours of training and 50 hours of volunteer time as a UGA Master Gardener Extension Volunteer Trainee, following program policies and procedures, within one year of the date on this role description.

\_\_\_\_\_  
 MGEV Trainee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent

\_\_\_\_\_  
 Date

## CONSENT FOR A BACKGROUND INVESTIGATION

### To be completed by the office faculty/staff

View the Background Investigation policy:  
<http://policies.uga.edu/FA/nodes/view/1124>

Office name and location: \_\_\_\_\_

UGA title of position being checked:

VOLUNTEER

FULLY COUNTY OR GRANT FUNDED STAFF TITLE: \_\_\_\_\_

Sent by (CAES Faculty/Staff):

UGA staff contact name \_\_\_\_\_

UGA faculty/staff email address \_\_\_\_\_ Daytime phone \_\_\_\_\_

### To be completed by the applicant

In connection with your application for employment (including contract for services) 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.

ALL fields below are REQUIRED

Printed name of applicant/employee:  
Exactly as it appears on current driver's license

First	M I	Last
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Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender F  M

Current address \_\_\_\_\_  
Street address City State Zip

Other names used \_\_\_\_\_  
Include maiden or any other name changes

**REQUIRED for all new hires and new volunteers:**

Driver's License State \_\_\_\_\_ DL # \_\_\_\_\_ Class \_\_\_\_\_  
*Provisional Driver's licenses or licenses with restrictions cannot be checked (in example: Class D in Georgia).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this page using **SendFiles.uga.edu** to **CAESOHR** (without [uga.edu](http://uga.edu)) with original signature and date within 6 months.

# SCREENING APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Information Collected for Reporting Purposes Only:

Birthdate:	Gender:
Race ( <i>select all that apply</i> ): <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Residence ( <i>select one</i> ): <input type="checkbox"/> Farm <input type="checkbox"/> Rural (Under 10,000) <input type="checkbox"/> Town (10,000 – 50,000) <input type="checkbox"/> Suburban (50,000+) <input type="checkbox"/> City (50,000+) Check all that apply: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Military Family

### Contact Information:

Phone:	Work Phone:
Cell Phone:	Email:

**References:** 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. Local CAES or Extension staff should not serve as references.

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?		How long have you known this reference?	

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?		How long have you known this reference?	

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?		How long have you known this reference?	

Thank you for your interest in serving with UGA CAES and Extension! Please look over your application prior to submitting it to your local office to ensure you are leaving no required boxes or blanks empty.