

# 2024 MASTER GARDENER EXTENSION VOLUNTEER TRAINING

Apply here.



An Equal Opportunity, Affirmative Action, Veteran, Disability Institution

## MGEV Training

### Orientation:

**Jan. 4, 2024**

**10:00 a.m. – 11:00 a.m.**

### Classes:

**Thursdays, Jan. 11 – March 28, 2024**

**9:00 a.m. – 4:00 p.m.**

**Coweta County Extension Office  
255 Pine Road  
Newnan, GA 30263**

\*For individuals with the desire to learn and share horticultural education with the community.

Applications due by Friday, Aug. 18, 2023

Cost: \$200 (Includes textbook, notebook, and supplies. Checks should be made payable to: Coweta Extension/4-H.

Apply at: [t.uga.edu/9fv](https://t.uga.edu/9fv)



UNIVERSITY OF GEORGIA  
EXTENSION



770-254-2620



[coweta.extension@uga.edu](mailto:coweta.extension@uga.edu)

Master Gardener Extension Volunteer Program



July 20, 2023

Dear Master Gardener Extension Volunteer Applicant,

Thank you for your interest in the 2024 University of Georgia (UGA) Master Gardener Extension Volunteer (MGEV) Training Program. Classes will be held at the Coweta County Extension Office, 255 Pine Road, Newnan on Thursdays from 9:00 a.m. until 4:00 p.m. beginning January 11, 2024 and ending March 28, 2024. An orientation will be held on January 4, 2024. A list of course topics is attached.

The purpose of the UGA MGEV Training Program is to train volunteers to complement, enhance, and support the educational efforts of the local UGA Cooperative Extension office. As such, the Coweta County MGEV Training Program is a selective process. In order to be considered for this volunteer program, you must fill out the application and all forms, and submit a check for training fees (refundable if not selected). Interview dates and times will be emailed once selected.

If selected to participate in the MGEV Training Program, you will be required to complete a background check, attend the orientation and training classes and **volunteer 50 hours** after graduation to the Coweta County Extension office. In order to maintain MGEV certification, **25 hours** of volunteer service and **10 hours** of continuing education per year are required every year thereafter. If you have any questions concerning the MGEV Training Program in Coweta County, please contact our office at:

Coweta County Cooperative Extension  
255 Pine Road  
Newnan, GA 30263  
770-254-2620 Ext. 8308  
dana.selementi@uga.edu

Sincerely,

*Dana Selementi*

Dana Selementi  
Coweta County Cooperative Extension  
ANR Program Assistant

Master Gardener Extension Volunteer Training Applicant checklist:

- Completed Application – Due by Friday, August 18, 2023
- Signed Volunteer Agreement Form & Background Check
- \$200 check made payable to Coweta Extension/4-H for training fee

## MASTER GARDENER EXTENSION VOLUNTEER TRAINING PROGRAM



### COURSE TOPICS

The Georgia MGEV Training Program provides 50 hours of classroom and hands-on instruction in horticulture and related areas. The classes provide home gardeners with the information they need to become skilled Master Gardener Extension Volunteers.

Classes in the training program include:

- Basic Botany
- Soils and Plant Nutrition
- Basic Pathology
- Plant Physiology
- Basic Entomology
- Weed ID and Control
- Non-Chemical Pest Control
- Annuals and Perennials
- Small Fruit and Tree Fruit Culture
- Selecting Woody Ornamentals
- Insects and Diseases of Woody Ornamentals
- Planting and Maintaining Ornamentals
- Turf Selection and Maintenance
- Insects and Diseases of Turf
- Landscape Design
- Composting, Grass cycling and Mulching
- Vegetable Gardening
- Insects, Disease, Weeds and Nematodes of Vegetables

This is a hybrid program that includes in-person classes as well as self-directed training modules and hands-on labs taught by Extension specialists, county agents and veteran MGEVs representing the University of Georgia College of Agriculture and Environmental Sciences (UGA CAES).



UNIVERSITY OF GEORGIA  
EXTENSION



Master Gardener Extension Volunteer Program

# Georgia Master Gardener Extension Volunteer Program Application

The Master Gardener Extension Volunteer (MGEV) program in Georgia is a volunteer 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 to be volunteer educators. Master Gardener Extension Volunteers are active in many Georgia counties. Through this program, Extension is able to reach out and serve more citizens with educational programming and demonstrations.

Dear Master Gardener Applicant:

Thank you for your interest in the Georgia Master Gardener Extension Volunteer (MGEV) program! Its purpose is to assist UGA Extension by training volunteer educators to provide current horticultural information through community service and educational gardening projects using applied research and the resources of the University of Georgia.

MGEV programs are coordinated at the county level by the local Extension office. Each local program has multiple projects that reach out to the local communities, teaching about horticulture and gardening, answering garden-related questions and so forth. Volunteers for these projects participate in 50 hours of training and must complete 50 hours of volunteer service in the first year to be certified. *(After your first year, you are required to complete 25 hours of volunteer service and 10 hours of continuing education each year to remain an active, certified MGEV in Georgia.)*

Extension offices plan and carry out MGEV training classes in the spring and/or fall, on an annual or biannual basis. Training and schedule format are determined by the agent/coordinator and the local office. Classes typically meet one day per week. Attending training classes is extremely important, and participants must successfully complete 70% of class requirements to pass the class.

By completing the *Master Gardener Volunteer Program Application and Reference Forms* (below), you are indicating your interest in the Georgia MGEV Program. You will receive follow-up communication from the county Extension office.

As enrollment in the Master Gardener program is **limited**, you are encouraged to fill out the application as thoroughly as possible. Applicants will be called for an interview.

**If selected for participation in the MGEV program, you will be notified by the local Extension office. At that time, you will be asked to submit any program fees by the specified deadline.** If payment is not received by the deadline, and no arrangements have been made, your name will be removed from the class acceptance list and an alternate selected.

The Georgia Master Gardener® Program offers many opportunities to make new friends and enhance your horticultural expertise while becoming involved in fulfilling community service activities. We look forward to receiving your application!

**If you have any questions, please contact:**

**Sincerely,**

**Tell Us About Yourself:**

**Basic Information:**

Name					
Preferred name for name badge (First and Last)					
Mailing Address					
Additional Address					
City		State		Zip	
Phone		Email			
Alternate Phone					

**Preferred method of contact:**

- Phone
- Alternate phone
- Email
- Postal mail

*The University of Georgia College of Agricultural and Environmental Sciences (working cooperatively with Fort Valley State University, the U.S. Department of Agriculture, and the counties of Georgia) offers its educational programs, assistance, and materials to all people without regard to race, color, religion, sex, national origin, disability, gender identity, sexual orientation or protected veteran status and is an Equal Opportunity, Affirmative Action organization. Provision of demographic information will help ensure we are supporting all members of our community.*

**Gender:**

- Male
- Female

**Race/ethnicity:**

- Asian
- African American
- Native/American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

**I am an adult age 18 or older.**

- Yes
- No

***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 local Master Gardener organization members.***

- Yes
- No

**Your Skills and Interests:**

Please select the skills and interests that you want to contribute to or learn more about during your MGEV experience.

	<b>I want to know more about:</b>	<b>I consider this to be a personal strength:</b>
Vegetable gardening		
Flower gardening		
Herb gardening		
Trees/shrubs		
Native plants		
Wildlife gardening		
Houseplants		
Lawns & turf grass		
Plant Propagation		
Landscape Design		
Diseases/insects		
Water conservation gardening		
Ornamental ponds		
Community gardens		
Greenhouse production		
Other:		

**How long have you been a gardener?**

**What horticultural experience or training have you had? (credit or non-credit courses, workshops, etc.)**

**What is your greatest area of gardening interest?**

Have you done any of the following? If yes, please describe your experience.

	No	Yes	If yes, please describe.
<b>Writing</b> <ul style="list-style-type: none"> <li>• Newspaper articles</li> <li>• Blog posts</li> <li>• Social media content</li> </ul>			
<b>Public speaking/teaching</b> <ul style="list-style-type: none"> <li>• Presented to small or large group?</li> <li>• Tour guide?</li> <li>• Hands-on demonstrations?</li> </ul>			
<b>Computers/technology</b>			
<b>Organizing events or projects</b> <ul style="list-style-type: none"> <li>• Small events or projects?</li> <li>• Large events or projects?</li> </ul>			
<b>Organizing people</b> <ul style="list-style-type: none"> <li>• Building teams</li> <li>• Communication strategies</li> </ul>			
<b>Managing people</b>			
<b>Advertising and public relations</b>			
<b>Fundraising</b>			
<b>Other</b>			

Which skills from your previous professional experiences would be useful in your role as a Master Gardener Extension Volunteer?



**Tell Us About Your History as a Volunteer.**

Please list any previous volunteer experiences, including nongardening and gardening experiences. Specify organization, type of work, and approximate dates (i.e., garden clubs, professional or hobby associations, plant specialty societies, civic clubs, etc.). *Note: Previous volunteer experience is **not** required to be accepted into the program.*

**Have you participated in any UGA Extension programs in the past? Please list the most recent. If not, please write "N/A".**

**Why do you wish to become a Master Gardener Extension Volunteer?**

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

**If you are selected to be a part of the Master Gardener Extension Volunteer program, your volunteer hours will support the Extension in one of the following activities. Check topics of interest to you:**

- Ask a Master Gardener diagnostics** – Answer questions from the public at public venues and in the Extension office. Events may include themed exhibits at local farmer’s markets and festivals, the Georgia National Fair, area retail merchants, and other community venues to answer homeowner questions.
- Youth activities and programs** – Work with team of Master Gardeners to conduct horticulture activities with youth in grades 4-12, such as in-class presentations, school gardens, Junior Master Gardener programs, MG SPROUTS, summer camps, or other activities.
- Media** – Create brochures, newsletters and flyers using Publisher Software; develop PowerPoint presentations for use in classes; write news articles for local newspapers and websites; social media posts; radio and/or TV.
- Speakers’ Bureau** – Prepare a short, 15-20 minute talk for various civic and church engagements to offer horticultural information. Plan and teach classes on basic gardening topics to groups of 20-30 homeowners.
- Demonstration and community gardens** – Help with installations and perform ongoing maintenance to include weeding and watering; plan and execute activities and classes at the garden sites. Provide leadership, coordination, and education at community garden sites.

**Rate your preference for the following volunteer experiences (1 = least preferred; 5 = most preferred):**

	LEAST ----- PREFERRED ----- MOST				
Telephone/office work at County Extension Office	1	2	3	4	5
Speaking to groups on gardening	1	2	3	4	5
Teaching small groups	1	2	3	4	5
Teaching large groups	1	2	3	4	5
Teaching children/teens	1	2	3	4	5
Teaching adults/senior citizens	1	2	3	4	5
Teaching persons w/disabilities & special needs	1	2	3	4	5
Diagnosing plant problems and providing answers/recommendations	1	2	3	4	5
Newsletter editing/layout	1	2	3	4	5
Writing articles for newsletter/newspaper	1	2	3	4	5
Public relations/publicity	1	2	3	4	5
Working on community landscape projects	1	2	3	4	5
Photographing plants/horticultural activities	1	2	3	4	5
Organizing events	1	2	3	4	5

There will be other volunteer opportunities that will arise throughout the year. Do you have anything in mind that you would be interested in working on that was not mentioned above?

**Where are you comfortable volunteering? (check all that apply)**

- Extension office
- garden
- public place
- classroom
- face-to-face
- written
- phone

**With which audience(s) are you most comfortable? (check all that apply)**

- Youth
- Adult
- Senior adult
- Special needs

**Describe Your Availability:**

**Employment Status**

- Full time employment
- Part time employment
- Am not employed
- Retired
- Other

**Please indicate times that you are available to volunteer:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 am – 12 pm							
1 pm – 5 pm							
After 5 pm							

### References (required)

Please 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, particularly with youth. Local CAES or Extension staff should not serve as references. Individuals will be contacted by Extension.

Reference 1				
Name				
Address				
City		State		Zip
Phone		Email		
How long have you known this person?		In what capacity have you known this person?		
Reference 2				
Name				
Address				
City		State		Zip
Phone		Email		
How long have you known this person?		In what capacity have you known this person?		
Reference 3				
Name				
Address				
City		State		Zip
Phone		Email		
How long have you known this person?		In what capacity have you known this person?		

## Master Gardener Program Agreements:

Initial each statement and sign at bottom to indicate that you understand and agree to the following conditions if accepted into the program.

- I understand that submission of this application does not guarantee acceptance to the program.
- I understand that to be considered as a UGA MGEV Trainee, I will need to complete a UGA Volunteer Agreement, background screening (including motor vehicle records check), interview with Extension personnel, and pay any program fees.
- I understand that Georgia Master Gardener® status is acquired only after successful completion of the volunteer training program and volunteer service, including:
  - Completion of classroom training (minimum of 50 hours).

Successfully earning 700 points out of 1,000 participation points.

- Completing 50 hours of volunteer service in support of Extension-approved projects within 12 months and under the direction of my local County Extension Coordinator or Ag Agent.

I will not use my Master Gardener Extension Volunteer status to promote any commercial venture or to make money.

- I understand that I can continue with the MGEV program after completing the first year. To do so, I will complete an annual Intent to Renew form and meet annual criteria, including 25 hours of volunteer service each year, 10 hours of continuing education, update my Risk Management Training (RMT), and maintain a current UGA Volunteer Agreement form and background screening, as required by the University of Georgia.
- I agree to not use the Georgia Master Gardener® title for any commercial publicity or private business purposes. Participating in a commercial activity, associating with commercial products, and giving implied Master Gardener or UGA Extension endorsements to any product or place of business is in violation of the Georgia Master Gardener® program policy.
- I acknowledge that I have read the above guidelines and will abide by them.

**Signature:** \_\_\_\_\_

**Date of Application (mm/dd/yyyy):** \_\_\_\_\_

**Return Application to:** UGA Coweta County Cooperative Extension -  
255 Pine Road  
Newnan, GA 30263

Email: [dana.selementi@uga.edu](mailto:dana.selementi@uga.edu)

If you are an individual with a disability who may require assistance or accommodation in order to participate in or receive the benefit of a service, program, or activity of UGA, or if you desire more information, please contact us.

An Equal Opportunity, Affirmative Action, Veteran, Disability Institution



## The University of Georgia Cooperative Extension Volunteer Agreement

Thank you for agreeing to volunteer with the University of Georgia Cooperative Extension program. In signing this agreement, you are confirming your acceptance for a volunteer role.

1. I agree to serve as a volunteer with UGA under the primary direction of Coweta County Cooperative Extension. (*fill in county or unit name*) I understand that if my role involves supervising youth, I will be required to complete a UGA background check and that some duties may include additional training and orientation.
2. I agree that my participation in the activities is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). 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. I understand that additional duties may be assigned or specific duties expanded.
3. I agree that as a volunteer I am under the primary direction of the unit, county office or department but may be asked to participate in activities that include direction from others within Cooperative Extension and/or other departments in the University of Georgia.
4. I agree that, if approved to serve as a volunteer, I will not be acting as a UGA employee or student. I understand and agree that UGA and I both have the right to decline or end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
5. I understand that UGA is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by UGA for the purposes of carrying out the functions of UGA.  
**I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.**
6. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that UGA may not provide me with any accident, medical, or workers' compensation insurance, and therefore may not be responsible for any accident or medical expenses that I incur in the course of volunteering. If I am an employee of the UGA serving as a volunteer, I understand that I am not covered by workers' compensation laws while acting as a volunteer outside of my normal employment.
7. If I utilize my personal vehicle during the course of volunteering, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
8. I understand that if my volunteer service involves youth work, I am required to abide by the UGA Cooperative Extension Behavior Guidelines for Adults working with Youth and may be discharged from my duties as a volunteer should I fail to follow these expectations. These guidelines are printed on the reverse of this page and are initialed by me.
9. I understand that my participation as a volunteer may involve certain risks. In addition; I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
10. 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 youth program participants, 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.
11. I understand that as a volunteer I must self-report any arrest, charge, or criminal conviction occurring after the date of my background check to my program/activity administrator prior to returning for service.
12. I hereby grant permission for my images, likeness, and voice to be recorded in any media and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

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

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

Volunteer's Address \_\_\_\_\_ Volunteer's Email Address \_\_\_\_\_

Extension Faculty Printed Name Stephanie Butcher Primary Extension Office location Coweta County

Extension Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_



# Adult Behavior Guidelines

The University of Georgia Extension establishes the following code of conduct for adults. These general behavioral expectations apply to any adult, including faculty, staff, and volunteers working or volunteering in a capacity that includes children under the age of eighteen and/or youth program participants.

Adults are expected to comply with the following:

- Work cooperatively with youth, families, University of Georgia faculty, staff, volunteers, community members and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
- Represent the University of Georgia College of Agricultural and Environmental Sciences' Cooperative Extension programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the 4-H Code of Conduct as well as other rules, policies and guidelines established by UGA Extension and event coordinators including state laws and regulations.
- Respect the privacy of all individuals in situations such as toileting, showering and changing clothes. When it is necessary to supervise minors, at least two leaders should be present and only to the extent that the health and/or safety requires.
- Do not touch minors in a manner that a reasonable person could interpret as inappropriate. Always avoid touching areas that are normally covered by swim suits. When hugging is appropriate, hug from the side over the shoulders, not from the front.
- Recognize that physical punishment is not an appropriate form of discipline and will not be allowed. Physical punishment includes physical actions that may not be expected of an individual during the program and are assigned to a young person as a consequence for misbehavior.
- Recognize that verbal abuse, physical abuse, or committing criminal acts may be grounds for termination as an Extension volunteer. Abusive behavior towards youth or other adults including failure to provide adequate health and safety measures, inadequate care or supervision, emotional mistreatment of members, or verbal or physical abuse will not be tolerated.
- Under Georgia law, report any mistreatment of youth to the proper authorities. All staff are considered mandatory reporters for purposes of the Policy and must report incidents involving sexual or physical abuse or neglect of a minor immediately to the Program/Activity Administrator, the UGA Police Department, AND the Georgia Department of Family and Children Services (DFCS).
- Comply with equal opportunity and anti-discrimination laws and policies. The University of Georgia prohibits harassment of or discrimination against any person because of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status.
- Treat animals humanely and encourage youth and adults to provide appropriate and ethical care.
- Strive for a minimum of two adults at any activity involving youth. Adults, in most cases, should not be left alone with a single child unless the adult is the parent/guardian of that child.
- To be housed in overnight settings in separate sleeping areas from children when possible. When this is not possible, parent/guardians should be furnished a letter explaining the situation and informing the parent/guardian that his/her child will be housed with an adult in the same room.
- Substance Use Prohibited – Do not use, possess or be under the influence of alcohol, illegal drugs, or any prescription medication that impairs your ability to perform your duties during the Program/Activity.
  - Do not condone others' use of alcohol or illegal drugs during the Program/Activity.
  - Smoking and tobacco use is prohibited at all Extension 4-H events.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Accept responsibility to promote, conduct, and support 4-H in order to develop an effective local, county, district and state program.
- Recognize the following behaviors are inappropriate and will not be tolerated in the presence of youth during Extension youth activities or events:
  - consumption of alcohol, illegal drugs, and controlled substances
  - promotion of religious or political preferences
  - theft, pilfering, or fraud
  - use of tobacco products and e-cigarettes
  - sexual advances or activities involving youth
  - willful damaging of property
  - permitting passengers to ride in motor vehicles without seatbelts
  - permitting youth or adults to ride in the back of trucks
  - behaviors that are illegal under law

I have reviewed and understand these behavior guidelines.	
_____	_____
Volunteer's initials	Date