



Walton County Extension

Master Gardener Extension Volunteer Program Application

What is the Master Gardener Extension Volunteer 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. Master Gardener Extension Volunteers are active in many Georgia counties. Through this program, Cooperative Extension is able to reach out and serve more citizens with educational programming and demonstrations in 5 target areas.

Environmental Stewardship – Increasing awareness and knowledge of landscape and garden management for the optimum use and protection of the environment, including management of all aspects of the residential landscape (soil, plants, insects, diseases, and wildlife), understanding and proper use of equipment, pesticides, fertilizers, and other landscaping inputs to have the greatest value with little negative impact on the environment.

Home Food Production – Teaching the benefits of home food production and developing skills and knowledge in growing food, managing community gardens, or contributing to food banks or kitchens.

Gardening with Youth – Increasing young people’s awareness and understanding of the value of horticulture and landscaping, using horticulture as a tool to increase responsibility and leadership for youth, and teaching individuals and professionals (i.e., teachers and therapists) how to use horticulture to reach young people.

Value of Landscapes – Developing within communities the knowledge and skill to ensure proper design, installation, and maintenance of sustainable landscapes for economic benefit to residents, state and local government employees and agencies, and professionals in impacted fields, such as tourism and real-estate development.

Health Benefits of Gardening – Teaching the value of the interior and exterior landscape for human health, well-being, and quality of life, transferring knowledge and skills to intended audiences so that they might utilize this information for personal health and a healthier workplace and community.

Volunteers benefit from the training, networking with other garden enthusiasts, and the opportunity to serve their communities.



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Walton County Extension Master Gardener Extension Volunteer Program Application

Dear Master Gardener Extension Volunteer Applicant,

Thank you for your interest in the University of Georgia Master Gardener Extension Volunteer training program. We are pleased to offer the volunteer training program in Walton County for 2019.

The purpose of the University of Georgia Master Gardener Extension volunteer program is to train volunteers to complement, enhance, and support the educational efforts of the local UGA Cooperative Extension office. As such, the Walton County Master Gardener Extension volunteer program is a selective process. In order to be considered for the volunteer training program, you must fill out all forms and applications, complete an interview, and submit a check for training fees if selected (\$175). Fees will be used to reimburse speakers for travel, professional development opportunities for Extension staff, and miscellaneous class materials.

If selected to be a Master Gardener Extension Volunteer you will be required to complete a background check, attend all training classes and programs and volunteer 50 hours after graduation of the training program to the Walton County Extension office.

Applications are due on November 2, 2018. Applicants will be notified of their acceptance status by December 14, 2018. Applications that do not include the signed volunteer agreement form will not be considered. Questions may be directed to Joel Burnsed, Walton County Extension Ag & Natural Resources Agent and County Extension Coordinator, at 770-267-1324 or jburnse1@uga.edu.

Mail, scan and email, or hand-deliver completed applications to:

Joel Burnsed
100 N. Broad St.
Monroe, GA 30655
770-267-1324
jburnse1@uga.edu

Sincerely,
Joel Burnsed



Walton County Extension Master Gardener Extension Volunteer Program Application

Please print clearly:

Full name

Preferred name for nametag

Address

City

Zip Code

E-mail

Primary Phone

PLEASE RATE THE FOLLOWING ACTIVITIES ACCORDING TO YOUR PREFERENCE ON A SCALE OF 1-5

Circle the number that best describes your preference:

(1=Least Interested, 5=Most Interested)

Teaching	1	2	3	4	5
Small Groups (1-15 persons)	1	2	3	4	5
Large Groups (16 + persons)	1	2	3	4	5
Children	1	2	3	4	5
Senior Citizens	1	2	3	4	5
Persons with Disabilities	1	2	3	4	5
General Educational Workshops	1	2	3	4	5
Garden Clubs & Civic Groups	1	2	3	4	5

PLEASE RATE THE FOLLOWING ACTIVITIES ACCORDING TO YOUR PREFERENCE ON A SCALE OF 1-5

Circle the number that best describes your preference:

(1=Least Interested, 5=Most Interested)

OFFICE ASSISTANCE	1	2	3	4	5
Phone Calls	1	2	3	4	5
Walk-in Clients	1	2	3	4	5
Designing/Writing Brochures	1	2	3	4	5
Writing Articles for Newsletter	1	2	3	4	5

Do you have 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. Extension Master Gardener Extension Volunteer Volunteers 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 Extension Master Gardener Extension 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 Extension Master Gardener Extension Volunteer 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? (Please put a check mark in each applicable box)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you learn about the Extension Master Gardener Extension Volunteer program? (friend, newspaper, extension website, radio, etc.) _____

Thank you for your interest in volunteering with The University of Georgia Cooperative Extension, Walton County. The Georgia Master Gardener Extension Volunteer Program works as part of the County Extension office to extend the educational efforts of Cooperative Extension by providing practical advice and information about gardening to citizens of the community. Volunteer service is performed in the Extension Office and through a variety of demonstration projects and educational programs.

As a Walton County resident, I wish to become a Georgia Master Gardener Extension Volunteer and would like to be accepted into the Master Gardener Extension Volunteer Training Program beginning January 15, 2019. 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 Walton County Extension during the 2019 calendar year. I will not use my Georgia Master Gardener Extension Volunteer title or status to promote a commercial venture.

Signature

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.



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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 _____ 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 outlined in the attached General 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). 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 the specific duties be expanded but the general description will be the same.
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, 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 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 unless I am an employee of the University of Georgia; as an employee, I understand that I am entitled to my employee elected benefits. I understand that UGA may not provide me with any accident or medical insurance, and therefore may not be 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. If I utilize my personal vehicle, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
7. I understand that if my duties involve 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.
8. 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.
9. 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.

Volunteer's Signature _____ Date _____

Volunteer's Printed Name _____ Volunteer's Phone# _____

Volunteer's Address _____

Extension Faculty Signature _____ Date _____

Extension Faculty Printed Name _____ Email: _____

Primary Extension Office location: _____

*An approved UGA Volunteer Position Description is attached.

Adult Behavior Guidelines when Working with Youth



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The University of Georgia Cooperative Extension program establishes the following guidelines for adults working with youth in programming. These are general behavioral expectations for any adult including both paid staff and volunteers working or volunteering in a capacity which includes working with children under the age of eighteen and/or youth considered program participants.

Adults are expected to:

- 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 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 the UGA CAES Cooperative Extension and event coordinators including state laws and regulations.
- 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, care or supervision, emotional maltreatment of members, verbal or physical abuse will not be tolerated.
- Under Georgia law, report any mistreatment of youth to the proper authorities. Adults should immediately contact the person coordinating the Extension program/event and/or police or child welfare authorities if the adult believes a child is being abused. Failure to report child abuse is grounds for criminal charges.
- Comply with equal opportunity and anti-discrimination policy and governmental laws. Make all reasonable efforts to assure that Extension youth programs are accessible to youth without regard to race, color, national origin, gender, religion, age, sexual orientation or disability.
- 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.
- Under no circumstances, to condone others use of or personally consume alcoholic beverages or illegal drugs during Extension youth programs, events and/or activities.
- 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
 - promotion of religious or political preferences
 - theft, pilfering, or fraud
 - use of tobacco products outside of designated areas
 - sexual advances or activities involving youth
 - willful damaging of property
 - permitting passengers to ride in motor vehicles without seatbelts
 - permitting youth or adults in the back of trucks
 - behaviors that are illegal under law

I have reviewed and understand the Adult Behavior Guidelines.

Volunteer's Initials

Date