



Cobb County Extension

678 S Cobb Drive

Marietta, GA 30060

770-528-4070

MGEV Applicants,

The application to become a Master Gardener Extension Volunteer (MGEV) is finally here!

Below you will find important dates, deadlines, and fees:

- The application is open from July 29th, 2024 - September 13th, 2024
- Applications are due via email to keaton.hamid@uga.edu or in person to address listed above by September 13th, 2024
  - **No late or incomplete applications will be accepted.**
- Interviews will be held during the week of October 7th, 2024
- The cost is \$200.00, due upon your acceptance into the program
- The first day of class is January 15th, 2025 and the last day of class is April 2nd, 2025
- The midterm is February 19th and the final exam is April 2nd
- Training will be held every Wednesday starting January 15th from 9:30 - 3:30 at the Cobb County PARKS office located at:
  - 1792 County Services Parkway, Marietta, GA 30008
- NOTE: Your three references listed on the application (pg. 9) need to be the same references that fill out the character reference forms (last three pages). These references are due by September 13th, 2024

Generalized information is included in the body of the application. **As an MGEV, you will be required to provide educational outreach to the public.** Please read the application thoroughly and ask questions as needed.

I am looking forward to a successful training year in 2025!

Best regards,

*Keaton Hamid Hayworth*

Keaton Hamid Hayworth

ANR Program Assistant and Master Gardener Coordinator

keaton.hamid@uga.edu





UNIVERSITY OF GEORGIA  
**EXTENSION**  
Master Gardener 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 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 do participate in at least 42 hours of training and are asked to volunteer 50 hours of service in the first year. *(After your first year, you are required to volunteer 25 hours per year to remain an active, certified Georgia Master Gardener Extension Volunteer.)*

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 once or twice weekly. Attending training classes is extremely important, and absenteeism cannot exceed 20 percent of classes. Trainees are responsible for all material on the exams and are required to pass a midterm and final exam with a score of 70 percent or better on each.

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. The selection committee, comprised of an Extension staff member and a group of veteran Master Gardener Extension Volunteers, reads all applications. Selections will be based on your interest in being an Extension volunteer, your interest in community service, as well as your knowledge, expertise and experience in related areas. 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<sup>®</sup> 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:**

Keaton Hamid Hayworth at [keaton.hamid@uga.edu](mailto:keaton.hamid@uga.edu)

**Sincerely,**

Keaton HH

**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. Specialty: \_\_\_\_\_
- 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									
	1		2		3		4		5	
Telephone/office work at County Extension Office	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Speaking to groups on gardening	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Teaching small groups	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Teaching large groups	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Teaching children/teens	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Teaching adults/senior citizens	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Teaching persons w/disabilities & special needs	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diagnosing plant problems and providing answers/recommendations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Newsletter editing/layout	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Writing articles for newsletter/newspaper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Public relations/publicity	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Working on community landscape projects	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Photographing plants/horticultural activities	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Organizing events	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

There will be other volunteer opportunities that will arise throughout the year. Do you have anything in mind that you’d be interested in working on that wasn’t 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 42 hours), not missing more than 20% of training classes. I am responsible for class material covered in my absence;
  - successfully passing the midterm and final exams with a score of 70% or better on each;
  - and completing 50 hours of volunteer service in support of Extension-approved projects in the county in which I completed training within 12 months of completing classroom training. Any exceptions must first be approved by my local coordinator.
- 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, 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:**

Keaton Hamid Hayworth at keaton.hamid@uga.edu



## 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:** Keaton Hamid Hayworth

**LOCATION:** Cobb County Extension Office

### **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 UGA Cooperative Extension with the main goal of addressing community non-commercial, horticulture and gardening issues and needs.

### **VOLUNTEER QUALIFICATIONS:**

- Available 100 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 50 hours of classroom training before volunteering), and keep up-to-date on the latest horticulture information with at least 10 hours of continuing education annually and annual completion of Risk Management Training (RMT).
- Complete a University of Georgia Volunteer Agreement and background screening.
- Provide reliable, unbiased information in accordance with published Cooperative Extension resources.
- Promote awareness of UGA Extension.



Cobb County Extension  
 678 S Cobb Drive  
 Marietta, GA 30060

- Maintain records of volunteer service, including hours volunteered, contributions, and results. Report records to the Agent, coordinator, or other supervisor as directed.
- Wear an official UGA Master Gardener Extension Volunteer name badge while volunteering on behalf of UGA Extension.
- 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.

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

- Master Gardener Extension Volunteer training sessions (50 hours)
- Periodic organizational/ educational meetings
- Master Gardener Extension Volunteer reference manuals available for use in office
- Horticulture library in office
- Consultations with UGA Extension staff

**TIME ESTIMATE:**

- Master Gardener Extension Volunteer Training: 50 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 50 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



**College of Agricultural &  
Environmental Sciences  
UNIVERSITY OF GEORGIA**

**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 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 \_\_\_\_\_ Primary Extension Office location \_\_\_\_\_

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





**For Office Use Only:**

Date reference form sent: \_\_\_/\_\_\_/\_\_\_

Date reference form received: \_\_\_/\_\_\_/\_\_\_

---OR---

Reference called by: \_\_\_\_\_

on date: \_\_\_/\_\_\_/\_\_\_ at time: \_\_\_AM/PM

phone # dialed from: (\_\_\_) \_\_\_\_\_

phone # dialed to: (\_\_\_) \_\_\_\_\_

### Character Reference Form for UGA Extension Programs

**Applicant's Name:** \_\_\_\_\_

*The above named applicant is applying to do volunteer work with a UGA Extension Program and has given your name as a reference. UGA Extension seeks your assistance in selecting the best qualified people to serve and will appreciate your completion of this form. Please feel free to add additional pages of comments or information. Return this form and any attachments to:*

Keaton Hamid Hayworth at keaton.hamid@uga.edu

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Does the applicant have a positive and pleasant attitude toward volunteer work? \_\_\_\_\_

How would you describe the applicant's ability to handle records and/or money? \_\_\_\_\_

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

**E = Excellent**

**G = Good**

**F = Fair**

**N = Not Known**

Ability to Organize	_____	Leadership Skills	_____
Ability to Work with Others	_____	Resourcefulness	_____
Communication Skills	_____	Respected by Others	_____
Dependability	_____	Sense of Fairness	_____
Flexibility	_____	Sense of Humor	_____
Initiative	_____	Supervisory Skills	_____

What additional skills, abilities, and attributes does the applicant have that would be helpful in this position? \_\_\_\_\_

~ PLEASE CONTINUE ON TO PAGE 2 ~



Do you know any reason why this person should not be considered for the position? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Reference \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

***Please also complete the following section if the applicant is applying to work with youth in their role as a volunteer.***



How well does the applicant interact and work with children/youth? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to place your child, or any other child for whom you are responsible under his/her leadership and supervision? Why? \_\_\_\_\_

\_\_\_\_\_

What do you think are the applicant's greatest strengths and weaknesses as they relate to working with young people and leading a group?

<u>Strengths</u>	<u>Weaknesses</u>

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

**E = Excellent      G = Good      F = Fair      N = Not Known**

Enthusiasm	_____
Patience	_____
Role Model for Youth	_____
Understanding of Children	_____



**For Office Use Only:**

Date reference form sent: \_\_\_/\_\_\_/\_\_\_

Date reference form received: \_\_\_/\_\_\_/\_\_\_

---OR---

Reference called by: \_\_\_\_\_

on date: \_\_\_/\_\_\_/\_\_\_ at time: \_\_\_\_AM/PM

phone # dialed from: (\_\_\_\_) \_\_\_\_\_

phone # dialed to: (\_\_\_\_) \_\_\_\_\_

### Character Reference Form for UGA Extension Programs

**Applicant's Name:** \_\_\_\_\_

*The above named applicant is applying to do volunteer work with a UGA Extension Program and has given your name as a reference. UGA Extension seeks your assistance in selecting the best qualified people to serve and will appreciate your completion of this form. Please feel free to add additional pages of comments or information. Return this form and any attachments to:*

Keaton Hamid Hayworth at keaton.hamid@uga.edu

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Does the applicant have a positive and pleasant attitude toward volunteer work? \_\_\_\_\_

How would you describe the applicant's ability to handle records and/or money? \_\_\_\_\_

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

**E = Excellent**

**G = Good**

**F = Fair**

**N = Not Known**

Ability to Organize	_____	Leadership Skills	_____
Ability to Work with Others	_____	Resourcefulness	_____
Communication Skills	_____	Respected by Others	_____
Dependability	_____	Sense of Fairness	_____
Flexibility	_____	Sense of Humor	_____
Initiative	_____	Supervisory Skills	_____

What additional skills, abilities, and attributes does the applicant have that would be helpful in this position? \_\_\_\_\_

~ PLEASE CONTINUE ON TO PAGE 2 ~



Do you know any reason why this person should not be considered for the position? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Reference \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

*Please also complete the following section if the applicant is applying to work with youth in their role as a volunteer.*



How well does the applicant interact and work with children/youth? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to place your child, or any other child for whom you are responsible under his/her leadership and supervision? Why? \_\_\_\_\_

\_\_\_\_\_

What do you think are the applicant's greatest strengths and weaknesses as they relate to working with young people and leading a group?

<u>Strengths</u>	<u>Weaknesses</u>

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

**E = Excellent**

**G = Good**

**F = Fair**

**N = Not Known**

Enthusiasm \_\_\_\_\_

Patience \_\_\_\_\_

Role Model for Youth \_\_\_\_\_

Understanding of Children \_\_\_\_\_



**For Office Use Only:**

Date reference form sent: \_\_\_/\_\_\_/\_\_\_

Date reference form received: \_\_\_/\_\_\_/\_\_\_

---OR---

Reference called by: \_\_\_\_\_

on date: \_\_\_/\_\_\_/\_\_\_ at time: \_\_\_AM/PM

phone # dialed from: (\_\_\_) \_\_\_\_\_

phone # dialed to: (\_\_\_) \_\_\_\_\_

### Character Reference Form for UGA Extension Programs

**Applicant's Name:** \_\_\_\_\_

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How would you describe the applicant's ability to handle records and/or money? \_\_\_\_\_

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**E = Excellent**

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Ability to Work with Others	_____	Resourcefulness	_____
Communication Skills	_____	Respected by Others	_____
Dependability	_____	Sense of Fairness	_____
Flexibility	_____	Sense of Humor	_____
Initiative	_____	Supervisory Skills	_____

What additional skills, abilities, and attributes does the applicant have that would be helpful in this position? \_\_\_\_\_

~ PLEASE CONTINUE ON TO PAGE 2 ~



Do you know any reason why this person should not be considered for the position? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Reference \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

*Please also complete the following section if the applicant is applying to work with youth in their role as a volunteer.*



How well does the applicant interact and work with children/youth? \_\_\_\_\_

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