



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.

	I want to know more about:	I consider this to be a personal strength:
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.

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