



THE UNIVERSITY OF GEORGIA
COOPERATIVE EXTENSION
MASTER GARDENER EXTENSION VOLUNTEER
2020 PROGRAM APPLICATION

CONTACT INFORMATION: *(Please print)*

Name _____ Date _____

Mailing Address _____

_____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Current or former occupation: _____

MASTER GARDENER EXTENSION VOLUNTEER PROGRAM (MGEV):

How did you learn about the MGEV Program? *(Check all that applies)*

TV _____, Newspaper _____, Radio _____, Family Member/Friend _____, Master Gardener _____,

Other _____ (Please explain) _____

VOLUNTEER EXPERIENCE:

List any previous volunteer work / service you have completed as a volunteer. Please specify type of organization and what capacity you were involved.

HORTICULTURAL EXPERIENCE

Do you have any horticultural experience? Please share:

OTHER INFORMATION

The University of Georgia Extension Office is an educational service to the community. Our role is to inform and help others solve problems. Do you have expertise in the following areas that would help us strengthen our program such as: *(Please share)*

1. Technical skills using a computer / Smartphones/ Tablet, etc. *(Using various programs such as Email, Word Documents, PowerPoint, Excel, Social Media, Internet-Researching data, computer programming):*

2. Organizing People / Leadership Skills *(Example: supervising groups, coordinating events, setting up displays):*

3. Office Procedures / Customer Service *(Example: answering phones, customer service and general office skills):*

4. Working with the General Public *(Example: Community Gardens, Farmer's Markets, Speaker's panel, etc.):*

5. CURRENT EMPLOYMENT STATUS(please check one)

retired work full time work part time not employed for pay

6. Do you speak another language fluently other than English? If so, which language(s)?

7. List other **strengths** you have that may contribute to our program:

VOLUNTEER PROJECTS:

Everyone has talents and experiences. Please look at the following areas of interest and select your top three choices with #1 being your first choice and #3 being your last choice. You may use the back of the form if you need more room for answering the questions.

_____ **CLINICS AND EXTENSION EXHIBITS** – Throughout the year, the Extension office has educational exhibits at farmers markets, garden centers, festivals, and other events. Volunteers assist in organizing the exhibits, answering gardening questions and providing Extension publications. Please share your experiences. What are your interests?

_____ **SCHOOL, COMMUNITY AND DEMONSTRATION GARDENS** –Volunteers assist in the planning, development and implementation of various school, community and public demonstration gardens. Please share any experience you may have?

_____ **COMMUNICATIONS AND DATA MANAGEMENT**– Volunteers maintain contact with other Master Gardener Extension Volunteers to help with recording volunteer hours, answering phones, photography, developing presentation materials. Volunteers also gather information and material for reports and projects. Do you have any experience in this area?

_____ **HORTICULTURE KNOWLEDGE** – In the Extension office, you will be assisting with answering questions by phone, emails and face-to-face contact with clients. Please discuss previous experiences on how you answered questions and resolved problematic situations:

_____ PUBLIC SPEAKING - Would you feel comfortable leading a class or seminar on a subject where you feel knowledgeable? YES / NO

Please describe your background in developing and giving educational presentations:

_____ EDITOR & REVIEWER – Extension is working to develop short, simple publications on a variety of horticultural subjects. We need volunteers to help create, edit or review current University based publications and articles. Have you ever written or edited articles for publications? Please share your experience?

_____ INFORMATION TECHNOLOGY - Extension is utilizing computer technology to create a website for access to Extension publications and factsheets, to store and analyze data, and other pertinent tasks. Volunteers with knowledge on website development, data analyses, and other skills related to computers are needed. Discuss your experience and background with information technology.

Please check the days and times you would be available to perform your volunteer duties:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you understand the purpose of the **Master Gardener Extension Volunteer** program? What are your expectations once you become a Master Gardener Extension Volunteer? Why do you wish to become an Extension Master Gardener Volunteer? You can include life experiences that may enhance this program, how you see your involvement in community outreach, and any special qualities you might bring to the program. Please print legibly or type. (250 words or less) You may use an additional sheet of paper if desired.



UNIVERSITY OF GEORGIA

EXTENSION

Walton County



Georgia Master Gardener Extension Volunteer Intern Agreement

I wish to become a participant in the Georgia Master Gardener Extension Volunteer Program, and would like to be accepted into the next class. I understand the applications will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I agree to volunteer a minimum of 50 hours of service to the Georgia Master Gardener Extension Volunteer Program within one year following class completion. I understand that to continue as an Master Gardener Extension Volunteer there are annual recertification requirements including both volunteer service and continuing education. There is a fee to cover the initial training, administrative and program expenses. I agree to abide by all policies and procedures of Georgia Cooperative Extension Service.

I understand that 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.

I hereby certify that all of the entries on this application are true and complete. Understand that any falsification of information herein constitutes cause for dismissal.

Applicant Name:

_____ (Please Print)

Signed: _____

Date: _____



UNIVERSITY OF GEORGIA

EXTENSION

Walton County



AUTHORIZATION FOR RELEASE OF MEDIA FOR EDUCATIONAL AND PUBLICITY PURPOSES

In consideration for being allowed to participate in this activity, I give permission to University of Georgia to take and publish photographs, video, audio or other impressions of my image or voice. I understand that I will not be compensated for any audio, video, photograph or other likeness that may be used in this capacity. I give permission for my photographs or other likeness to be used without compensation by University of Georgia for noncommercial news, advertising and/or promotional purposes in print and electronic media (including the Internet). I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I expressly release University of Georgia, its trustees, officers, employees, and agents and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such photographs, video, or audio. I have read the foregoing Photo and Media Release, I fully understand the contents and I agree to be bound by it.

Participant Name:

_____ (Please Print)

Signed: _____

Date: _____

Rest of page intentionally left blank.

**Applications will be received at our office until
Friday, November 1st, 2019**

Please send your application c/o:

Joel Burnsed
UGA Extension Walton
100 N Broad St
Monroe, GA 30655

Phone: 770.267.1324

jburnsel@uga.edu