Georgia Master Gardener Gold Star Advanced Training Application

Advanced Training (AT) is for the purpose of intensively training active MGEVs on specific subjects beyond the core horticultural training to further equip them as educators of environmentally sound horticulture. Gold Star recognition is for volunteers who have successfully completed a specialist advanced training program consisting of six Advanced Training sessions, three of which will be in the same AT category and one of which will be a required (R) training session; and completion of an educational project related to a specialty subject area. Advanced training is sponsored by UGA Cooperative Extension and sessions must be approved by the State Program Office. A list of approved training criteria is available from the State MG Extension Volunteer Program office or the Georgia Master Gardener Extension Volunteer web site. Only two training sessions taken previously for Silver Star Recognition will count as electives toward the required number of training sessions for Gold Star Recognition. Master Gardeners do not need to have earned the Silver Star to in order to qualify for the Gold Star program.

Application Requirements (completed PRIOR to training commencement)

1. MGEVs must have: (a) successfully completed the initial 42-hour training and 50-hour volunteer service requirement, (b) current, active status (including a current UGA Volunteer Agreement, Risk Management Training, and any additionally required screening forms); and (c) County Extension Office written approval (section I, this form).

2. MGEVs must select one specialty subject area:
   - Sustainable Garden and Landscape
   - Water Quality and Management
   - Youth and Community Gardening
   - Diagnostics & Technology
   - Urban Forestry and Ecology

3. A project proposal must be included with the advanced training application and be approved by the local County Extension Office (section II, this form).

Training Requirements (should be completed within five years)

1. Select one specialty area and successfully complete 3 modules within specialty subject area (posted on the Georgia Master Gardener Program webpage at www.gamastergardener.org)
2. Successfully complete 2 elective modules from any other subject area
3. Successfully complete 1 required module
4. Successfully complete volunteer project (related to specialty subject area).
5. Submit completed application form, including project summary, to CEA for approval
6. CEA submits the completed advanced training application to the State Program Office to obtain the certificate and star.

Post-completion Requirements

Applicants must be willing to commit to a higher level of volunteer service, and serve as a resource that will expand Extension outreach in a specialty subject area. MGEVs completing this level will be expected to perform such activities as teaching, preparing materials, planning programs and providing leadership in these subject areas under the supervision of the local Extension Agent.

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Advanced Training Gold Star Application

PLEASE PRINT CLEARLY

I. VOLUNTEER INFORMATION

Name ___________________________________________________ County ___________________________

Address ___________________________________________________________________________________

City, State, Zip ______________________________________________________________________________

Phone ______________________ E-Mail ________________________________________ Year Trained____

Target Gold Star Subject Area (Check One)
   (Check one) Sustainable Garden and Landscape
   (Check one) Water Quality and Management
   (Check one) Youth and Community Gardening
   (Check one) Diagnostics and Technology
   (Check one) Urban Forestry and Ecology

I have read and understand the Gold Star Level guidelines on page one of this application. I understand that in order to achieve Gold Star recognition, I must have: (a) successfully completed the initial 42-hour training and 50-hour volunteer service requirement, (b) current, active status (including a current UGA Volunteer Agreement, Risk Management Training, and any additionally required screening forms); and (c) County Extension Office written approval (section I, this form).

_________________________________________________________   ____________________________
Applicant’s Signature                                      Date

This applicant is an active Master Gardener Extension Volunteer and is recommended to participate in Gold Star Advanced Training.

_________________________________________________________   ____________________________
CEC, Agent, or Local MG Coordinator                         Date
II. PROPOSED PROJECT DESCRIPTION

Date Proposed: ______________________

The mission of the GA MGEV Program is to assist Cooperative Extension by training Master Gardener Extension Volunteers to provide unbiased horticultural information to Georgians through volunteer community service and educational gardening projects using applied research and the resources of the University of Georgia.

1. Basic Project Information:

Project Title: ______________________

Estimated Project Start + End Dates: ______________________

Person(s) Proposing/Requesting Project:

Contact Info of person(s) proposing/requesting project (phone numbers and email addresses):

Purpose of Project:

Project Audience:

___ a. Adults  ___ b. Youth (ages 6-8) (ages 9 -18)  ___c. Adults & Youth

*if b or c is checked, project must also be reviewed by 4-H staff.
2. **Project Resource Requirements:**

   **Estimated number of Volunteers needed to make the project a success:**

   **Estimated number of Hours needed:**

   **Training needed:**

   **Funding Needed/Financial Source:**

   **Other groups or organizations involved:**

3. **Anticipated Effects and Values:**

   **Anticipated effect project will have on the community it serves:**

   **Educational value of project:**
Procedures required for implementing the project + Required 4-H documentation if applicable:

Projected sustainability and maintenance plan:

Annual evaluation and measurable impact of project:

MGEV Representative: _______________________________ Date: ________________

County Extension Agent Approval: _______________________________ Date: ________________

County Extension 4-H Reviewer for youth projects: _________________________ Date: ________________

Projects are not officially approved for MGEV volunteer service credit until proposal is signed by Extension Agent. Continued on reverse.

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Choose the MGEV Program State Initiative that this project satisfies:

— **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); and 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 to human health, well-being, and quality of life, transferring knowledge and skills to intended audiences that they might utilize this information for personal health and a healthier workplace and community.

Choose any key words that relate to this project:

— Entomology
— Entrepreneurship
— Integrated Pest Management
— ‘Master’ Series
— Landscape
— Nuts
— Ornamentals
— Turf
— Plant Pathology
— Small Fruit
— Tree Fruit
— Vegetables
— Water Banner Program
— Water conservation
— Water quality
— Waste management (part of septic project)
— 4-H/Youth Development
— Family and Consumer Sciences (FACS)
— EFNEP
— At-risk population
— Special population
— In-school program
— Junior Master Gardener programs
— School garden
— After school program
— Increased exercise
— Saving money on food
— Community gardens
— Food preparation (fresh fruits and vegetables)
— Food preservation (fresh fruits and vegetables)
— Childhood overweight prevention project
— Dietary guidelines
— Healthy eating
— Agricultural literacy
— Community service
— Environmental stewardship
— Gardening with Youth
— Health Benefits of Gardening
— Home Food Production
— Value of Landscaping
— Workforce preparation
— Garden tour
— Community-based program
— Adult class
— Judge
— Exhibits
— Civic or Garden Club Presentations (Speaker's Bureau)
— Demonstration Gardens
— Conducted or Judged Flower Shows
— Extension Office
— Habitat for Humanity
— Home Garden Visits
— Newsletters
— Newspaper or Magazine Articles
— Website content (for public)
— Social Media content (for public)
— Plant Clinics
— Research and or Writing
— Teaching Adult Classes
— TV & Radio Programs
— Advisory Committees
— GMGA Committees
— Local MG Program Administration

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III. ADVANCED TRAINING MODULES COMPLETED

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<th>Training</th>
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<td>5.</td>
<td>ELECTIVE</td>
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<tr>
<td>6.</td>
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IV. Project Completion (After project is complete, fill in the following section and have County Extension Agent or Master Gardener coordinator sign and date indicating that the project is complete.)

1. Project Title: ___________________________________________________
2. Activity Begin Date: ____________ Activity End Date: ____________
3. Give a brief description of how the project was completed.

4. List any presentations that were part of the project

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Location</th>
<th># Participants</th>
<th>Contacts Reported (required)</th>
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6. Total number of participants: ______
7. Hours of instruction per participant (formal teaching time): ______
8. Number of sessions or classes taught: ______
9. Total length of program (teaching & non-teaching time): ______
10. Total number of additional adult volunteers participating in activity: ______
11. Total number of additional volunteer hours worked (all volunteer hours combined): ______
11. In-Kind support ($ value, if known): ______
12. Funds Donated ($ value, if any): ______
13. How did this project benefit Extension programming? What is the overall outcome of the project? (attach brief explanation)

This certifies that the applicant is an active MGEV, meeting all training and project requirements within the allowed timeframe, and has earned the Gold Star Recognition.

__________________________ _____________________________
CEC, Agent, or Local MG Coordinator   Date

Mail copy of completed application to:
State Master Gardener Program Office, UGA Griffin Campus, Cowart Building, 1109 Experiment St, Griffin, GA 30223-1731
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