



APPLICATION TO THE MASTER GARDENER VOLUNTEER PROGRAM

(2011**)

PART: I – THE APPLICATION (Part I & II should be separated and sent to local ACES office)

Mission Statement: The Alabama Master GardenerSM Program is an educational outreach program provided and administered by the Alabama Cooperative Extension System (ACES). It is a program to train individuals who will volunteer their expertise and services in support of the Extension effort related to education. Important to this mission we strive to create an environmental awareness and enhance the development of an environmental ethic in the citizens of Alabama.

Certification Requirements: These are the minimum requirements for achieving the Alabama Master Gardener certificate.

- Provide the necessary information and permission for a criminal background check
- Sign the Alabama Master Gardener Program Memo of Agreement
- Attend 40-50 hours training instruction as specified in host location
- Achieve an average passing score on all tests
- Report to the ACES a minimum of 50 hours approved volunteer service

Date of application _____

First Name _____ Last Name _____

Emergency contact – name and phone _____
- relationship (i.e. spouse) _____

Home Address, Street _____

City _____ State _____ Zip _____

Applicant's Email _____

Phone: home () _____

If employed, where _____ Phone: (____)_____

1. Have you applied to the Master Gardener Program before? Yes No
When? _____ Where? _____
Why are you re-applying? _____

2. Master Gardeners represent the Alabama Cooperative Extension System in their communities. Have you participated in any Alabama Cooperative Extension System programs in the past? Please list the most recent.

3. How did you learn about the Master Gardener Program?

4. Please describe your previous or current volunteer experiences – include non-gardening as well as gardening experiences. Master Gardener is about improving the quality of life in Alabama through volunteerism.

5. Describe specific ways you plan to contribute to the Alabama Master Gardener program. What is your most comfortable venue, or audience for public interaction (writing, phone, email, face-to-face; adults, children, people w/special needs, etc)?

6. When is volunteer work easiest for you (day of week, time of day, weekends, etc)? Specify the best days and times for your volunteer projects.

7. List the aspects of gardening you especially enjoy. This will help us identify how your knowledge and experience can help us to meet our educational objectives.

8. Why do you want to become a Master Gardener volunteer?

9. Do you want to share other information about yourself for this application? (example: I can only participate if my friend is also accepted, or any other special considerations for your entry to the program)

10. Have you ever been convicted of a felony? Yes No Date: _____
 (Note: a conviction record does not necessarily disqualify your application)

All applicants should understand that:

- Submission of this application does not guarantee acceptance to the program
- I must donate a minimum of 50 hours volunteer time to the Alabama Cooperative Extension System as an Intern Master Gardener volunteer within one year of training to receive certification
- I understand my top priorities as an Intern Master Gardener are:
 - to assist a Home Grounds Helpline and/or help other County Extension office programs
 - to assist with 4-H activities
- I further understand that these two priorities will be explained to me before starting the training program.
- **Upon submission of this application a criminal background investigation will be conducted.**
- Payment should not be sent with this application. Payment of the registration fee is due upon acceptance to the program and is due prior to the first day of training class.

Signature _____

Date _____

PART: II – THE MEMO OF AGREEMENT

Description

This agreement is intended to indicate the seriousness with which the Alabama Cooperative Extension System considers its relationship with volunteers. The intent of the agreement is to assure you of both our appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience productive and rewarding.

In the capacity of a Master Gardener volunteer, I understand and agree:

- To disseminate Alabama Cooperative Extension System sanctioned, land-grant university research based horticultural related information to all who request it, without regard to sex, race/color, religion, national origin, age, Veteran's status, or disability.
- To only provide horticultural information endorsed and sanctioned by the Alabama Cooperative Extension System and to refer all questions concerning commercial horticulture/agriculture to an Extension Agent.
- To make non-commercial, home horticulture related pesticide recommendations, written or verbal, **ONLY** when they are consistent with published Alabama Cooperative Extension System recommendations (ANR-500B). Local programs may require that an Extension agent handle all chemical recommendation. **Check with your Extension agent first.** The _____ Master Gardener Program requires a minimum of _____ hours volunteer time on the Helpline and/or in direct support of other ACES programs.
- To comply with training (____ hours in class), documentation of approved volunteer hours (min 50), and all other certification requirements as delineated in the Master Gardener Program Policy. Reference Chapter 1 in the Master Gardener Handbook
- To provide my own transportation and pay my own expenses incurred as part of official volunteer activities (a Master Gardener's expenses may be tax deductible with proper documentation).
- To refrain from using alcohol or illicit drugs while participating in volunteer activities, volunteering while intoxicated, and from possessing any weapons during volunteer activities.
- To my responsibilities as described in the Description of Volunteer Duties and Responsibilities (p 5). I further understand that as a volunteer, the ACES and Auburn University will not provide me with medical insurance.
- To cooperate with and support Extension employees and fellow Master Gardeners to jointly further the mission and objectives of the Master Gardener program.
- To cultivate and uphold a trustful relationship with Extension staff and other volunteers, and consistently exhibit a professional manner to staff, volunteers, and the public
- To use the title of Master Gardener as it is intended: to identify an individual, who has received training in horticulture and related subject areas, and actively volunteering with the Master Gardener program. I understand that I may only identify myself as a Master Gardener when doing unpaid, volunteer public service on behalf of the ACES. I further understand that the function and existence of the Alabama Master Gardener educational program is subject to the complete discretion of the Alabama Cooperative Extension System.
- To refuse to accept any personal gratuitous payment for speaking or any other volunteer service activity on behalf of the Alabama Cooperative Extension System.

- To refrain from using my name with the title of Master Gardener for commercial publicity or private business. Participating in a commercial activity, having association with commercial products, or giving implied University or Extension System endorsements to any product or place of business is in violation of Extension policies.

I further understand that the Alabama Cooperative Extension System will:

- Disseminate research based, land grant university horticultural information to all who request it, without regard to sex, race, religion, color, national origin, age, Veteran's status, or disability.
- Support the Alabama Master Gardener Program volunteers, with Extension agents and the State Extension Master Gardener Program Coordinator serving in an educational advisory capacity to local Master Gardener Associations and the Alabama Master Gardeners Association, Inc., respectively. Support will be to:
 - Provide equipment, training, supervision and direction to create a safe volunteer experience.
 - Communicate the expectations of and the responsibilities to the program with volunteers.
 - Uphold and cultivate a trustful relationship between Extension employees and volunteers.
 - Dismiss a volunteer who violates the policies of this program

The following are grounds for immediate dismissal: possession of/ or abuse of alcohol or illicit drugs while volunteering, abuse or theft of property, sexual harassment or misconduct, verbal abuse of others, possession or use of weapons while volunteering, defamation of the program or its affiliates.

I have read and understand this Memorandum of Agreement, and the Master Gardener Program Policy, and further agree to abide by the conditions of this memorandum until it is revoked or revised.

Volunteer's Name (please print)

County Name

Volunteer's Signature _____ (Date)

Extension Agent's Signature _____ (Date)

(A copy of this Memo of Agreement will be given to you as reference to keep)

Description of Master Gardener Volunteer Duties and Responsibilities

Master Gardeners volunteer in their communities on behalf of the Alabama Cooperative Extension System and when acting or designating themselves with the title of Master Gardener. All volunteer activities should be approved by the local, sponsoring ACES agent.

The following are examples of approved activities for volunteers while representing the ACES.

- Contribute to or assist a program designed, sponsored, or coordinated by ACES
- Provide the public with research-based information generated or approved by ACES
- More Examples:
 - Extension Office assistance (examples: answering phone, answering Helpline phones, assisting a walk-in client, preparing brochures, etc)
 - Cooperate with or assist the ACES in preparing educational resources, including media materials, visuals, reference files and other educational resource materials
 - Provide educational assistance to the community or a community group
 - Assist or represent ACES with/at a public display (examples: home & garden shows, county fairs, farmer's market, information booths, diagnostic/plant clinics)
 - Prepare displays, posters, or advertisements that benefit or represent the Alabama Cooperative Extension System, Home Grounds, or any of its programs
 - Newsletters for non-commercial gardeners (all recommendations must be from research based information generated or approved by ACES; this only applies to unpaid contributions to articles and newsletters)
 - Research (examples: work on research projects and reports for the purpose of developing and disseminating information or seeking grants under the supervision of an ACES Extension agent.)
 - Demonstration garden or other educational garden projects (examples: demo garden at an AAES, Habitat for Humanity house project, demo at a Botanic Garden, etc)
 - Youth gardening activities (examples: assist classroom teachers and involve students with gardening projects, school gardens, or landscapes, assist with 4-H youth activities, including judging projects, mentor a Junior Master Gardener program, etc)
 - Presentations and Programs (examples: contribute to an ACES program; serve as a speakers bureau coordinator; or develop, organize, research, plan, and/or present programs and classes to: civic or garden clubs, schools, Master Gardener classes or meetings, conferences, botanical gardens, etc)
 - Community gardening projects (examples: assist an ACES agent, assist a Food Bank garden, mentor a new gardener, horticulture therapy; **note: 1** - MG's are cautioned if applying chemicals.* **2** – MG's are not trained by the ACES to assist in any way with medical assistance to another person.*)
- ***1** - Using a pesticide in a manner inconsistent with the use directions on the label is a violation of federal law, the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). **1a** - Master Gardeners conducting demonstrations using home or garden chemicals do so only under the required applicator permit from the Alabama Department of Agriculture and Industries. ***2** - Assisting/applying medical aid or treatment of any kind during volunteer activities does not represent the duties & responsibilities of volunteers in the Master Gardener program.

Separate this section. Send it directly to ACES HR.

PART: III
BACKGROUND CHECK – AUTHORIZATION

Description

Because all Master Gardeners represent the Alabama Cooperative Extension System and Auburn University when acknowledged with such title, the ACES and AU have the right to request/perform a criminal background investigation on them.

We implement this procedure for everyone’s safety – Master Gardeners, and everyone associated with the Program and its volunteers. Conducting a personal background check is a standard best-practice for quality volunteer program management.

Auburn University and the Alabama Cooperative Extension System reserve the right to deny any MG Intern certification as an Alabama Master Gardener and/or to revoke certification of any Alabama Master Gardener.

Authorization and Biographical Data

These two forms: *Consumer Disclosure & Authorization for Background Investigation* and *Biographical Data* are required by Auburn University. Remove them from Parts I and II of the application. Parts I and II are sent to your local County Extension Office and the forms in Part III are sent directly to ACES Human Resources at Auburn University.

Complete the two forms in Part III and send to ACES Human Resources at the address below.

- Send by postal service to:
 ACES HR for Master Gardener
 104 Duncan Hall
 Auburn University AL 36849

Regarding volunteers, the background check is **ONLY** checking for criminal history and verification of social security number to accurately match records. The Biographical Data form has information used to verify these two checks. Employment history is only necessary if you have been employed during the last 7 years and phone numbers are not necessary in the Employment/Education sections.

All personal information files will be securely kept confidential as access to these files is restricted under Auburn University policies. The Human Resources Office provides quality records services consistent with a commitment to privacy rights, affirmative action and equal employment opportunities.

**This application and all its contents are revised 9/10/10 and should be used for all MG Program applicants and by all supporting ACES staff for the 2011 MG training sessions.

**CONSUMER DISCLOSURE
&
AUTHORIZATION for BACKGROUND INVESTIGATION**

In connection with my volunteer services to AUBURN UNIVERSITY, I fully understand that AUBURN UNIVERSITY and/or consumer reporting agencies, may request/perform a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, information about any prior criminal history, civil litigation, social security number verification, and driving records as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily be a bar to my participation, but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to the volunteer activity and federal statutory requirements.

I authorize and request all persons, schools, business, corporations, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat (or facsimile "Fax") of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than AUBURN UNIVERSITY or its legal representative. I am aware that I have the right to request the nature and scope of the results, as reported, from AUBURN UNIVERSITY. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the information provided in the Biographical Data Form. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations). AUBURN UNIVERSITY is an Equal Opportunity Employer/Educational Institution, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination.

I hereby declare that all information which I have been asked to provide is true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my volunteer services. I authorize consumer reporting agencies designated by AUBURN UNIVERSITY to provide the results of said information to AUBURN UNIVERSITY or its representatives. If selected for services, this authorization shall remain on file and shall serve as ongoing authorization for AUBURN UNIVERSITY and/or consumer reporting agencies to procure consumer reports/background investigations at any time during my volunteer period. I further release AUBURN UNIVERSITY and consumer reporting agencies designated by AUBURN UNIVERSITY, its officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning myself or my background. The facts set forth by me in all documentation provided are true, complete, and correct to the best of my knowledge and belief.

PRINT NAME

DRIVER'S LICENSE NUMBER AND STATE

DATE of BIRTH

SOCIAL SECURITY NUMBER

DATE

SIGNATURE

for Master Gardener

BIOGRAPHICAL DATA

for MASTER GARDENER

AUBURN UNIVERSITY

PLEASE READ! As part of your background investigation, you must complete this form for the last **SEVEN YEARS** for both your residences and your past employment. If you have had more than four residences or more than five employers in the past seven years, please attach an additional sheet. **PLEASE PRINT CLEARLY IN BLACK INK !** Illegible handwriting will only slow the process. The request for Date of Birth is for permissible purposes and not for purposes proscribed by the law prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

NAME _____ ALIAS(S) _____

MAIDEN NAME _____ YEARS USED _____ - _____ MAIDEN NAME _____ YEARS USED _____ - _____

PHONE _____ DOB _____

DRIVER'S LICENSE NO _____ STATE _____ I.D. NO _____ STATE _____

Have you ever been convicted of ANY felony crimes, OR any misdemeanor crimes involving violence or dishonest acts such as theft, burglary, robbery, forgery or fraud? (Note: A criminal record is not necessarily a bar to participation. Each case is considered on an individual basis including age at time of offense, seriousness and nature of the offense, time elapsed since conviction and eligibility to be bonded in compliance with university policy) YES NO

CITY _____ COUNTY _____ STATE _____ YEAR _____

RESIDENCES (Starting with current)

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

ADDRESS: _____ HOW LONG? _____
STREET APT CITY STATE ZIP

EMPLOYMENT (Starting with current or most recent)

EMPLOYER _____ FROM _____ TO _____ PHONE _____

CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____

CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____

CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____

CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EMPLOYER _____ FROM _____ TO _____ PHONE _____

CITY _____ STATE _____ SUPERVISOR _____ LOCATION _____

EDUCATION

HIGH SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE GED

CITY _____ STATE _____ PHONE _____

VOC/TECH SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE

COLLEGE _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE

CITY _____ STATE _____ PHONE _____

GRADUATE SCHOOL _____ LAST YEAR ATTENDED _____ GRADUATED DID NOT GRADUATE

CITY _____ STATE _____ PHONE _____ MASTERS PHD BOTH