

Dear Extension Master Gardener Applicant:

Enclosed is the 2022 Marion County Master Gardener (MCMG) Intern Training Program Application. All forms need to be completed, signed and returned to the address listed at the bottom by **5:00 p.m. on January 4th**.

Enrollment in the Tennessee Extension Master Gardener Program is limited and an accurate application is a must. The MCMG Executive Board, comprised of certified TN Extension Master Gardeners and Extension staff, will review all completed applications thoroughly. Please note, applicants may be called for a brief interview.

If approved, you will be notified not later than **January 11th** and required to submit the full \$150 program fee by **January 21st**. If payment is not received by the deadline and no alternate arrangements have been made, your application will be nullified.

The Tennessee Extension Master Gardener Volunteer Program is renowned for the many opportunities it offers to enhance one's horticultural expertise, but it also provides an excellent opportunity to impact your local community in a truly unique way through volunteerism. We look forward to reviewing your application and sincerely thank you for your interest in this one of a kind volunteer program.

If you have any questions, please contact us at 423-942-2656 or by email at mdeist@utk.edu.

Please return your completed application to:

UT Extension - Marion County
302 Betsy Pack Dr.
Jasper, TN 37347

Sincerely,



Matthew B. Deist
Extension Agent I - 4-H/ANR
Master Gardener Coordinator
UT-TSU Extension Marion County

2022

Marion Co. Master Gardener Application

The Marion County Master Gardener program is a volunteer service organization offered by The University of Tennessee Extension. The purpose of the Master Gardener program is to train citizens as horticulture educators for their communities.

The title **Master Gardener** is conditional upon the following:

- Successfully completing the Master Gardener Intern Training Program
- Performing & reporting 40 service & 8 CEU hours within 1 year of program completion
- Attending the Marion County Master Gardener Association's annual meeting
- Sharing only research and evidence-based recommendations approved by UT.
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses
- Certification is renewable annually upon completion of volunteer & educational requirements.

Included in this application packet are the following forms that need to be completed:

- Master Gardener Intern Questionnaire
 - Extension Volunteer Form
 - Training Class Schedule

To complete the program, you must attend all scheduled classes unless otherwise approved. Please fill out all forms in this packet completely. Incomplete applications will not be considered.

Applications are due no later than January 4th and should be sent to:

UT-TSU Extension Marion County
302 Betsy Pack Dr., Jasper, TN 37347
OR by email to **mdeist@utk.edu**

Master Gardeners frequently interact with children; therefore, all Master Gardeners will be classified as Level 2 Extension Volunteers. A check against the National Sexual Offenders Registry is required by the University of Tennessee for all volunteers working with children. The Background Disclosure section of this application **MUST** be completed prior to acceptance.

Please do not send payment with this application. Payment of the \$150 training fee may be made after you receive notification your application has been approved and accepted. The fee includes all educational materials. A Certified Master Gardener will contact you regarding our interview process. You will be notified of acceptance status on or before **Jan. 11th, 2022.**

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.

Extension Master Gardeners

2022 VOLUNTEER TRAINING CLASS SCHEDULE

ALL CLASSES WILL BE ON TUESDAYS FROM 9AM - 11AM CENTRAL TIME / 10AM - NOON EASTERN TIME

<i>Date</i>	<i>Class Topic</i>	<i>Instructor (s)</i>
January 25	Welcome -Local Group Introduction	Local Coordinator & Volunteers
February 1	Orientation/TEMG Program	Dr. Natalie Bumgarner & MG Workgroup
February 8	Environmental Stewardship	Dr. Andrea Ludwig & Taylor Reeder
February 15	Botany	Dr. Natalie Bumgarner & Anna Duncan
February 22	Soils & Cover Crops	Gregg Upchurch & Melody Rose
March 1	Landscape Design & Herbaceous Plants	Mike Ross & Lucas Holman
March 8	Woody Ornamentals	Lee Rumble & Celeste Scott
March 15	Backyard Fruits	Dr. David Lockwood & Taylor Reeder
March 22	Insect Pest & IPM	Seth Whitehouse & Dr. Chris Cooper
March 29	Plant Disease	Dr. Alan Windham
April 5	Turf & Weed Management	Dr. Tom Samples & Mitchell Mote
April 12	Pollinators/Wildlife	Dr. Jennifer Tsuruda
April 19	Vegetable Gardening	Dr. Natalie Bumgarner & Rachel Painter
April 26	UT Gardens Tours & County Highlights	Master Gardener Workgroup



- Master Gardener Intern Questionnaire -

Full Name (displayed on badge): _____ Date: _____

Cell: _____ Email: _____ Gardening Experience: _____ years

Why do you wish to be a Master Gardener Volunteer **and** what do you expect from the program?

Please list any special skills, trainings, etc. that would be helpful to **you** as a master gardener:

Please check any of these areas you feel you are knowledgeable in. Check all that apply.

<input type="checkbox"/> Vegetable Gardening	<input type="checkbox"/> Lawns & Turfgrass	<input type="checkbox"/> Flower Gardening
<input type="checkbox"/> Community Gardens	<input type="checkbox"/> Herb Gardening	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Trees / Shrubs	<input type="checkbox"/> Water Conservation	<input type="checkbox"/> Native Plants
<input type="checkbox"/> Diseases / Insects	<input type="checkbox"/> Wildlife Gardens	<input type="checkbox"/> Houseplants

Other: _____

Training And Education completed (Optional):

<input type="checkbox"/> High School	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 2 Yr. Community College	<input type="checkbox"/> Technical / Trade School
<input type="checkbox"/> 4 Yr. College	<input type="checkbox"/> Horticultural Degrees, Certification, etc.

Do you have a health, medical, or dietary condition that needs accommodation for this program?
Please explain: _____

Are you able to speak or write a language other than English? (Including Sign Language)
Please list: _____

I understand that misrepresentation or omission of required information on any application materials may disqualify my application to volunteer for the university of Tennessee Extension. I understand that I serve at the satisfaction of the University of Tennessee Extension. I agree to abide by the policies of the University of Tennessee extension and the TN Master Gardener program to the best of my abilities.

Applicant's Signature: _____ Date: _____

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.

SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

A. GENERAL INFORMATION

Must present your Driver's License or a government issued photo ID with your application

Name _____

Home Address _____
Last First Middle Name
Street, Route, Apt # Length of time at this address? _____
City, State Zip code County

Mailing Address (if different from above) _____

Email address: _____ How long have you resided in this county? _____

Telephone: Daytime _____ Evening _____

Best time to call: Morning Afternoon Evening

Have you previously volunteered with TN Extension? Yes No

If yes, county and last year volunteered? _____

B. DEMOGRAPHIC INFORMATION

Gender: Female Male Ethnicity: (check one) Not Hispanic/Latino Hispanic/Latino

Race: (check one) White Black /African American Native American Indian/ Alaskan Native
 Asian Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English? Yes No

(Please list, including American Sign Language.) _____

C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

_____Hrs. /week _____Hrs. /month 1-3 months 3-6 months 6-12 months Ongoing

When are you available to volunteer? (Check all that apply)

Day Evening Weekends I'm flexible Specific times: _____

D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth Adults Senior Citizens Clientele with disabilities Other _____

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school K-3 Explorer (4th grade) Junior (5th - 6th) Jr. High (7th- 8th)

Senior: Level I (9th-10th) Level II (11th - 12th)

E. ACTIVITY INTERESTS - What are your volunteer activity interests? (Check all that apply)

- Teaching/ demonstrations
- Photography
- Newsletter
- Displays/exhibits
- Organizing programs/events
- Public Speaking
- Telephone/office work at county Extension office

- Writing/publishing/proofreading
- Web development
- Artworks, graphics
- Marketing
- Research/data collection
- Typing/ Computer entry
- Fundraising

*If you are interested in a specific program or topic area such as 4-H Youth Development, Agriculture, Natural Resources, and Community Economic Development, Master Gardener, or Family and Consumer Sciences, please see Section 3 - Program Area Information Forms.

The following two sections should be completed by Level 2 and Level 3 volunteers only

F. REFERENCES - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

2. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

3. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

G. BACKGROUND DISCLOSURE - A "yes" answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:
 - a. A crime of violence? Yes No
 - b. Child abuse or neglect? Yes No
 - c. Sexual related offenses? Yes No
2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature Date

FOR OFFICE USE ONLY: Date application was received: _____

This applicant: (Pick one) Met qualifications for an Extension volunteer position. Volunteer Level: 1 2 3
 Did not meet qualifications for an Extension volunteer position.