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**Extension Master Gardener Application**

*This application form is a confidential document and will not be available for public view.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Mobile/Work (Circle one)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which volunteer areas are you interested in? (Circle all that apply.)

Education Garden Design Garden Installation/Maintenance Event Planning/Fundraising
Non-profit work Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If given the option, would you rather take the class online, or in-person?

\_\_\_ Online (One three-hour class per week for ~14 weeks) \_\_\_\_ In-person (One six-hour class, for ~7 weeks)

**The applicant confirms/agrees to the following:**

1. I have graduated from high school/have my GED.
2. I will attend all basic training classes, or plan ahead with the supervising extension agent for equivalent training for missed classes. Missing classes without working together with the supervising agent may result in forfeiture of certification.
3. I will commit to 40 hours of volunteer service during my first year following basic training, reporting volunteer hours to the supervisory extension agent.
4. I will sign and abide by the Master Gardener Code of Conduct. (Following page)
5. The applicant agrees to pay the registration fee, which will be used for purchasing Master Gardener training manuals, paying the State participation and technology fees, and buying supplies needed for basic training classes. The cost will be disclosed before the class starts, and participation will be confirmed at that point. If you decide that you would not like to participate, no fee will be charged if you withdraw from the program **before** the class starts. The course fee will not be refunded for dropping out after the class starts.

Applications and payment are both due by **September 1**. Please make checks out to “KSRE Wildcat District” (if payment is required when submitting) and mail application/check to:

KSRE Wildcat District

Attn: Jesse Gilmore

120 E Buffalo St.

Girard, KS 66743

 **Signature Date**

 **Master Gardener Volunteer Agreement & Code of Conduct**

 **While volunteering as a Wildcat District Extension Master Gardener (WDEMG):**

1. I will work within the Master Gardener Program. As a volunteer, I am accountable to the local staff, the local Extension unit, K-State Research and Extension, and Kansas State University for my actions.
2. I will work as a “team player” for the good of the program. I will work cooperatively with clients, other volunteers, and Extension staff. I will treat them with respect.
3. I will provide a safe environment for all. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
4. I will not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, while on Extension grounds, or while representing the WDEMG program to the general public. I will not allow youth to do so while under my supervision.
5. I will not endorse products or services in my role as an Extension Master Gardener.
6. I will not request or expect compensation for volunteer work. (Unsolicited gifts of minor value may be accepted.)
7. I will base my recommendations and horticultural information on approved sources and research-based information only.

**I will make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an equal opportunity provider and employer, committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reason.**

**Signature Required:**

1. I have read and agree to abide by the volunteer agreement and code of conduct. I agree to comply with the policies, rules, and regulations of the Wildcat District Extension Master Gardener program and local Extension Unit.
2. In signing this document, I apply to be an Extension Master Gardener with the local Extension Unit and the Kansas Extension Master Gardener program.
3. As a WDEMG volunteer, I serve at the request of K-State Research and Extension-Wildcat District and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_