

**APPLICATION** (Must be received by Jan 12, 2018 to be considered)

Basic training course begins Feb, 1, 2018 and runs each Thursday for 8 weeks



Name \_\_\_\_\_

Date \_\_\_\_\_

K-State Research & Extension  
*Central Kansas District #3*  
**MASTER GARDENER PROGRAM**

Who we are: The **Central Kansas District Extension Master Gardener Program** is a volunteer organization designed to allow volunteers to use their skills and passions to engage the public with sound horticultural information.

**GUIDELINES for MASTER GARDENER PROGRAM PARTICIPATION:** Admission to the *Master Gardener Program* requires that the applicant.

- ▶ Be a Saline or Ottawa County resident, or agree to repay your commitment of volunteer service in Saline and/or Ottawa County. (\*note we are also a training site and trainees from other counties or districts with a Master Gardener program already intact may choose to volunteer there)
- ▶ Have a high school diploma or equivalent.
- ▶ Possess a broad interest in horticulture.
- ▶ Support the objectives of the *Master Gardener Program* and the Extension programs of the Central Kansas Extension District and abide by the MG Code of Ethics.
- ▶ Be able to read and comprehend a notebook of support materials to be used for future reference.
- ▶ Complete the basic *Master Gardener Training Course*.
- ▶ Complete 40 hours of volunteer work and join an EMG Standing Committee
- ▶ Attend at least 6 monthly meetings per year (or equivalent), generally held at noon on the fourth Wednesday of each month and attain 6 hours of advanced education yearly.
- ▶ Note: In succeeding years, continuation as a *Master Gardener* in good standing requires 6 hours advanced education, 6 meetings, and a minimum of 20 volunteer hours annually on an EMG standing committee.

PRESENT OCCUPATION:

Employed Full time: \_\_\_\_\_ Homemaker: \_\_\_\_\_  
Employed Part Time: \_\_\_\_\_ Retired: \_\_\_\_\_

The cost of tuition is \$95. Will this cause financial hardship?

Will your employment or other regular commitments allow you to be available to participate in the Basic *Master Gardener Training Course*, monthly meetings (usually on the 4<sup>th</sup> Wednesday of the month at noon), and to complete required volunteer hours?

GARDENING/VOLUNTEERING EXPERIENCE AND SKILLS

Please describe any training courses or experience you have had in gardening.

**What aspects of gardening do you really enjoy?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annuals Flowers | <input type="checkbox"/> House Plants             | <input type="checkbox"/> Trees and Shrubs       |
| <input type="checkbox"/> Pollinators     | <input type="checkbox"/> Landscaping              | <input type="checkbox"/> Vegetables             |
| <input type="checkbox"/> Composting      | <input type="checkbox"/> Lawn Care                | <input type="checkbox"/> Water Gardening        |
| <input type="checkbox"/> Fruit           | <input type="checkbox"/> Perennials/Native plants | <input type="checkbox"/> Soils                  |
| <input type="checkbox"/> Herbs           | <input type="checkbox"/> Entomology (Insects)     | <input type="checkbox"/> Other (please explain) |

**Do you participate in any other garden groups?**

**Do you volunteer with any other organizations?**

**How did you hear about the *Master Gardener Program*?**

**Are there skills, other than horticulture skills, you have that you'd like to use as a volunteer? Please list.** Examples: computer skills, writing, photography, grant writing, working with kids, public speaking, community involvement, leadership/organization etc...

## YOUR ROLE AS A MASTER GARDENER

The following volunteer activities are just a few of the opportunities for Master Gardener service. We want you to find a way to use your talents and passions in volunteering. Please indicate which of the volunteer activities might be of interest to you by placing:

**A** (very interested), **B** (somewhat interested), **C** (minimal interest) by each activity:

- \_\_\_ School children programs/children's gardens: Teach children to garden, work at events designed to increase awareness and active interest in gardening among kids.
- \_\_\_ Work in a local garden, help to design, plant, and maintain public demonstration gardens.
- \_\_\_ Work at a community garden: could include administration, or teaching & outreach to gardeners
- \_\_\_ Educational exhibits: Plan and or staff an educational table or booth at a local event
- \_\_\_ Newsletter: Take pictures for or write an educational article for our monthly newsletter
- \_\_\_ Publicity: Planning and executing promotion of the Master Gardener organization, its services, events and activities.
- \_\_\_ 4-H Plant Science Curriculum: work with 4-H youth as needed as they prepare to grow and take exhibits to the county fair.
- \_\_\_ Speakers' Bureau: present a short talk on a gardening topic for local groups and organizations.
- \_\_\_ Scientific trials and or studies: grow and take data on new plant varieties to share with others
- \_\_\_ Serve on a Master Gardener committee to plan an event like the Garden Tour or Garden Fair
- \_\_\_ Serve on the Master Gardener board of directors
- \_\_\_ Work at a Master Gardener event like the Garden Tour or Garden Fair
- \_\_\_ Provide hospitality through baking, hosting or decorating for a MG event
- \_\_\_ Develop a publication on a local horticulture topic or problem to hand out to the public

New MG's in the Central Kansas District can get up to half their required volunteer hours on a community project of their own that they are passionate about. Projects must meet the MG mission which is **to learn and share researched-based horticultural knowledge with our community** Do you have any ideas for a project you would be passionate about doing as a Master Gardener in the local community?

My Idea:

\_\_\_\_\_ Not at this time, I would like to participate in current activities until I know more

**Explain briefly why you wish to become a Master Gardener.**

Thank you for your interest in the *Master Gardener Program* and for completing this application. It will be carefully considered, and you will be contacted shortly before classes begin.

**Please be sure to sign the agreement and provide your address, best telephone number and email**

## **AGREEMENT**

I wish to become a *Central Kansas District Extension Master Gardener Trainee* and would be **available for all basic training sessions**. I understand that if accepted into the Training Program, I am entering into an agreement **to complete a minimum of 40 hours of volunteer time** with Master Gardeners and attend required training meetings and attain education hours **in the first year**. I will abide by the code of ethics. I further understand that continuation as an active *Master Gardener* in good standing requires completion of 6 continuing education hours per year, 6 monthly meetings, and a minimum of 20 volunteer service hours annually on an EMG Standing Committee.

### **Code of Ethics:**

As a Kansas EMG, I will:

1. Work within the Master Gardener Program. As an EMG volunteer, I am accountable to the local coordinator, the appropriate Extension Unit, K-State Research and Extension, and Kansas State University for my actions.
2. Work as a "team player" for the good of the EMG program. I will work cooperatively with clients, other volunteers and extension staff and treat them with respect.
3. EMG volunteers may not endorse products or participate in the EMG program for personal gain.
4. I agree to comply with the policies, rules, and regulations of the Extension Master Gardener program and local Extension Unit. In signing this application, I apply for appointment and registration as an Extension Master Gardener with the local Extension Unit and the Kansas Extension Master Gardener Program.

As an EMG Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

**\*Applicants will be contacted regarding class availability and their acceptance to the class as soon as is possible.**

Signature:

Date:

Name:

Address: Street

City

Zip Code

Telephone Number (Home)

(Business)

(Cell)

E-mail address: **Please provide an email as this is how the group communicates**

Email: **(print clearly)** \_\_\_\_\_

**Return Application to:**

K-State Research and Extension  
Central Kansas Extension District  
300 W. Ash, Room 111  
Salina, KS 67402-5040