

APPLICATION (Must be received by Jan 13, 2017 to be considered)



Name _____

Date _____

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

MISSION: 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.
- ▶ 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 with Advisory Board-approved projects within 1 year
- ▶ Attend at least 6 monthly meetings per year (or equivalent), generally held at noon on the fourth Wednesday of each month.
- ▶ Note: In succeeding years, continuation as a *Master Gardener* in good standing requires continuing horticulture training, and a minimum of 20 volunteer hours annually.

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, and to complete required volunteer hours?

GARDENING EXPERIENCE

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

Check area(s) of specialization or experience:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Annuals | <input type="checkbox"/> House Plants | <input type="checkbox"/> Trees and Shrubs |
| <input type="checkbox"/> Art or drawing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Water Gardening |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Perennials | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Photography | <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*?

YOUR ROLE AS A MASTER GARDENER

The following volunteer activities are a few of the opportunities for Master Gardener service to the community. We want to get to know your particular interests and passions to help you find the best appropriate match for volunteering. Please indicate which of the volunteer activities are of interest to you, and the level of your interest by placing: A (very interested), B (somewhat interested), C (minimal interest) by each activity:

- ___ School children programs/children's gardens: Projects and events designed to increase awareness and active interest in gardening among young people.
- ___ Help to plant and maintain demonstration gardens.
- ___ Education/exhibits: Plan and staff horticultural classes and shows.
- ___ Newsletter: Monthly publication containing activity schedules, articles of interest to members and notices of coming events.
- ___ Publicity: Planning and executing promotion of the Master Gardener organization, its services, events and activities.
- ___ 4-H Plant Science Curriculum working with youth, and taking exhibits at the county fair.
- ___ Speakers' Bureau: Presentations on a variety of topics for groups and organizations.
- ___ Scientific trials and or studies that may include vegetables or ornamental plants

As a trained *Master Gardener*, how would you rank your enjoyment of the following types of activity? (1 indicates most enjoyable, 5 least).

- ___ Instruct a class on a specific topic.
- ___ Teach gardening basics at a children's garden.
- ___ Work in a garden.
- ___ Design and plant a garden.
- ___ Work in a Home & Garden Show booth.
- ___ Speak to a garden club.
- ___ Work at a fund-raising garden tour.
- ___ Plan educational tours.

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 application 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 a **contract to return a minimum of 40 hours of volunteer time** in communicating research-based horticultural information to the public and attendance of required training meetings **by the end of the next basic training course**. I further understand that continuation as an active *Master Gardener* in good standing requires completion of both continuing education hours, and a minimum of 20 volunteer service hours annually.

Master Gardener volunteers may not participate in the *Central Kansas District Extension Master Gardener Program* for personal gain or for commercial recommendations or endorsements. *Master Gardeners* are expected to provide recommendations based on research-based information, and to provide educational program assistance in support of the general district Extension education program.

Master Gardeners operate under the supervision of a trained K-State Research & Extension professional responsible for monitoring their performance and the progress of their continuing education.

***Please note that trainees from outside the Central Kansas District may have different obligations to abide by inside their own county or district’s Master Gardener Program.**

***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