Master Gardener Volunteer Application Form







2014 Texas Master Gardener Volunteer Application

I wish to become a Texas Master Gardener Volunteer in Cameron County. I want to be accepted in the Master Gardener training program offered by the Texas A&M AgriLife Extension Service. I understand that in exchange for the training made possible through the Texas A&M AgriLife Extension Service, I will volunteer at least 50 hours of my time to the Master Gardener Volunteer Program by October 2nd of this calendar year (2014). I understand that I will become a Certified Texas Master Gardener when I complete the training and 50 hours of volunteer work. I will continue my re-certification with 20 hours of volunteer service annually to stay an active member of the Texas Master Gardener Program.

Name (Print)					
Address					
City/State/Zip					
Phone (Cell)					
E-Mail Address					
Are you available to attend clas					
Please indicate the approximate	•			hle to volu	nteer:
Hours per week	number of nours	that you we	outa oc avana	ioic to voidi	iteer.
Will you be able to volunteer at least 50 hours per year?YesNo					
Times available for volunteer work <u>after</u> completion of course work (please check all that apply):					
	Day	Morning	Afternoon	Evening	
	Monday				

*Note: This is not a commitment for these times but just to give us an idea of your availability

Tuesday
Wednesday
Thursday

Friday
Saturday
Sunday

To become a Master Gardener Volunteer is important to me because:

0-Not Important 5-Most Important

I will be able to increase my knowledge in gardening. 0 1 2 3 4 5
I will be able to gain new skills as a gardener. 0 1 2 3 4 5
I will have the opportunity to receive useful training. 0 1 2 3 4 5
I will be able to provide horticulture education to other people in my community. 0 1 2 3 4 5
I will have the opportunity to share my knowledge. 0 1 2 3 4 5
I will gain a great deal of personal satisfaction. 0 1 2 3 4 5
I will be able to creatively use my free time. 0 1 2 3 4 5
I will be certified by the Texas AgriLife Extension. 0 1 2 3 4 5
I will gain gardening experience that can help me get a job. 0 1 2 3 4 5
I will be recognized by people in my community. 0 1 2 3 4 5
I can get a tax credit for my volunteer work. 0 1 2 3 4 5
I will provide education to youth. 0 1 2 3 4 5
I will provide education to adults. 0 1 2 3 4 5
I will be able to contribute to the Master Gardener Program volunteer time as required. 0 1 2 3 4 5
I will be an active member of the Cameron County Master Gardener Volunteer Program 0 1 2 3 4 5
Please complete the following (use back of page, if necessary);
Years of gardening experience:
Type of gardening experience and related training:
Type of gardening experience and related training:
Type of gardening experience and related training:
Type of gardening experience and related training:
Type of gardening experience and related training:
Type of gardening experience and related training: Please list group affiliations (garden clubs, community gardens, plant societies, etc.):

How did you learn of the Master Gardener Volunteer Program?					
Why do you want to become a Master Gardener Volunteer?					
Are you currently employed, and if so, where?					
Are you bilingual?YesNo					
Training: The 2014 Master Gardener Volunteer Training Clocated at 1390 West Expressway 83, San Benito, Texas. Tebruary 12, 2014. I understand that there is a registration Gardener Class will be held once per month for 8 months apayable to the Master Gardener Operating Fund.	The Master Gardener classes will begin Wednesday, a fee of \$185.00 due on February 5, 2014. Master				
Please return the completed application to the Cameron County Extension Office: Application deadline is <u>February 5, 2014</u> . Orientation will be held <u>January 30, 2014</u> at 10:00 a.m. Class size is limited.					
Signature	Date				
Printed Name					

If you have any further questions please contact Jennifer Herrera, Horticulture Agent at 361-8236





Texas Master Gardener Volunteer Agreement

We appreciate your commitment to the Texas Master Gardener program. Your satisfaction and progress in this volunteer position is important to us. Please read the following expectations and indicate your willingness to cooperate by signing the end of this form. This form must be signed and filed with the county Extension office, and will need to be updated annually. Volunteers not adhering to all items in this agreement may forfeit their certification as a Master Gardener volunteer.

I understand that I am trained by Texas A&M AgriLife Extension Service in the field of Horticulture and I am expected to extend research based information to the public on behalf of Texas A&M AgriLife Extension. In exchange for the minimum of 50 hours of Master Gardener Training provided by Texas A&M AgriLife Extension Service, I will:

- Commit to a minimum of 50 hours of volunteer service to the horticultural programming efforts in Cameron County within one year to become a certified Master Gardener.
- I understand that in order to maintain active status as a Master Gardener Volunteer, I must volunteer 20 hours annually after my intern year and gain 6 continuing education hours annually.
- Provide a record of this service as directed by the Master Gardener Program Coordinator.
- Comply with the Texas A&M AgriLife Extension Service Background Check policy. The background check is to be renewed every three years.

When acting as a Texas Master Gardener volunteer I agree to:

- Consistently exhibit a positive professional manner toward and about Texas A&M AgriLife Extension Service, the Master Gardener Program, the Master Gardener Coordinator, other Master Gardener volunteers and clients.
- Carry out and discharge all duties in a responsible and timely manner.
- Avoid conflict of interests
 - o Not use my Master Gardener status to promote any commercial activity or private business.
 - Volunteer's efforts for their place of employment will not be considered as volunteer service to Texas A&M AgriLife Extension Service.
- Recommend and use (when functioning as a Master Gardener) only Texas A&M AgriLife approved information for any public pesticide, herbicides, fertilizer or cultural practices.
- Provide my own transportation and pay my own expenses incurred as part of official volunteer activities.
 (Expenses may be tax deductible with proper documentation.) Some County Master Gardener
 Associations may assist volunteers with expenses to certain types of events. Check with your local
 Master Gardener Program Coordinator for more information on specific association policies and
 procedures.
- Act in accordance with the highest standard of ethics:
 - o Not physically, verbally or sexually harass/abuse anyone
 - o Refrain from illegal or unsafe behavior

o Dress appropriately and not use harsh language

In regard to Master Gardener Coordinators, Master Gardener volunteers will:

- Recognize the responsibilities of the Texas A&M AgriLife Extension Service staff/ Master Gardener Coordinator in setting program priorities, standards and direction. Specific projects for the performance of the volunteer work are determined locally and should reflect local needs.
- Refer all commercial horticulture inquiries to the Master Gardener Coordinator or other Extension staff.

In regard to Master Gardener Colleagues, Master Gardener volunteers will:

- Welcome volunteers from all backgrounds
- Respect and safeguard the individual rights, competencies, safety, and property

In regard to Clients, Master Gardener volunteers will:

• Provide quality service to the public without regard to socioeconomic level, race, color, sex, disability, religion, age, or national origin.

I further understand that Texas A&M AgriLife Extension Service will:

- Provide training, supervision, and direction to Master Gardeners through the local county Extension office.
- Communicate expectations and responsibilities of the program to volunteers.
- Match volunteer skills and interests with volunteer opportunities within the county.
- Support Master Gardener volunteers and the local Master Gardener Association.
- Provide continuing education opportunities.
- Provide access to Extension horticulture reference materials and reasonable access to Extension professionals.
- Uphold and cultivate a trustful relationship between staff and volunteers.
- Reassign and/or terminate, if necessary, any volunteer who does not uphold Texas Master Gardener policies, procedures, guidelines, and/or values.

I understand that, as a volunteer, I will not be acting as a Texas A&M AgriLife Extension Service employee and will not receive pay or employee benefits. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation. I understand and agree that Texas A&M AgriLife Extension Service and I both have the right to end my volunteer relationship with Texas A&M AgriLife Extension Service at any time, for any reason, and without advance notice.

Signature	Date	
Printed Name		

Information taken from: Purdue, Rutgers, Georgia, Wisconsin, Missouri, Illinois, California, & Texas (Montgomery Co.) Master Gardener Programs.



Please print:

CONFIDENTIAL



Volunteer Application Form

And consent for criminal background history check authorization/waiver

To be completed by Extension program volunteers (EFNEP, BLT, etc.) and Master Volunteers only.
4-H volunteers must register online via 4-H CONNECT or by completing the 4-H Adult Volunteer Application (4-H 2-I.056)

I. Ā	APPLICANT'S FULL, LEGAL NAME	2.	COUNTY	
3. Ā	ADDRESS	4.	CITY	ZIP
5. F	FIRST 5 DIGITS OF SOCIAL SECURITY NUMBER	6.	DATE OF BIRTH	
7.	DRIVER'S LICENSE NUMBER (optional)	8.	GENDER (circle one)	Male / Female
9. A	Are you of Hispanic ethnicity? Yes / No	10.	VOLUNTEER PROGR	RAM AREA
R	ACE (circle one) White / Black / Asian / American Inc	dian		
	Alaskan Native / Native Hawaiian / Pacific Is	slander		
11. 1	Previously verify that I have been previously screened including a criminal		neck and PASSED.	☐ Yes ☐ No
	f yes, by who?			
F	or what purpose?			
	Did you pass? If not, what restrictions were imposed?			
lf	you have been screened and passed a criminal background che ubmitted.			
	Please sign at the b	ottom of the	e form.	
E P s a v r f d a o o	I hereby authorize VERIFYI and/or its Service Provider and the Texas Agril ion about or concerning me, including, but not limited to, my Criminal Historiculational Background, Professional License from any Individual, Corporatio Present and Past Employers. I authorize the Texas Agrilife Extension Service of ervice. I understand that this information will be used to determine my eligically The criminal history, as received from the reporting agencies, may include and delinquent conduct committed as a juvenile. I understand that this information of linear position with this organization. I also understand that as long as I respected at any time. I understand that I will have an opportunity to review the color clarification, if I dispute the record as received. I also understand that the I further release and discharge VERIFYI and their Service Provider and all classociates, from any and all claims and liability arising out of any request for it in investigative consumer report and understand that it may contain information of living, whichever are applicable. I understand that I have the right to make written request within a reasonature and scope of the investigation. I acknowledge that I have voluntarily pracefully read and understand this authorization.	ry, Driving Record, Partnership, Lacord any of its combility as a volunte arrest and combination will be used the criminal history of their Subsidial information or retion about my challed period of the propertion of the period of the perio	rd, Employment History, Milaw Enforcement Agency, and aponents to make reference eer/employee with the Texadiction data, as well as plea led, in part, to determine my see or volunteer here, the cry as received by client/age could contain information pries, Affiliates, Officers, Empley aracter, general reputation, aracter, general reputation, time to VERIFYI for additional	litary Background, Civil Listings, dother entities including my exchecks relating to my volunteer as AgriLife Extension Service. bargains and deferred adjudications religibility for an employment/ riminal history check may be not and a procedure is available presumed to be expunged. loyees, Contract Personnel, or horization and/or procurement of personal characteristics, and mode al information concerning the
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13. D	Pate I4. App	licant's Signati	ıre	

Volunteer Application Form Instructions

- 1. Applicant's Printed Name Complete with first name, middle name and last name.
- 2. County Complete with the county name in which you are applying to be a volunteer.
- 3/4. Address Complete with your current mailing address, city and zip code.
 - 5. Social Security Number Complete with at least the **first five** digits of the social security number. The social security number is an individual descriptor that enables the system to complete a national criminal search of 47 jurisdictions.
 - 6. Date of Birth Complete with the month, day and year of birth.
 - 7. Driver's License Number Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
 - 8. Gender Complete by circling one of the options.
 - 9. Race Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
- 10. Volunteer Program Area Complete with the program area you are volunteering for (e.g., Better Living for Texans, Expanded Food and Nutrition Education Program, Master Gardener, Master Naturalist, Master Wellness Volunteer).
 - *4-H volunteers should complete the Texas 4-H Adult Volunteer Application (4-H 2-1.056).
- 11. Previously Screened Texas AgriLife Extension Service will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Texas Youth Commission, Department of Defense Child and Youth Services, Department of Defense Family Programs, concealed handgun license; and/or licensed childcare workers.
 - * The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.*
 - ** Other sources may be considered based on documentation provided with screening criteria and specifics.**

 *** Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to the Texas AgriLife Extension Service stating you have been screened and tested.
- 12. Authorization Statement State agencies screening volunteers are required by legislation to use the Volunteer Center of North Texas. The Volunteer Center contracts with VeriFYI. VeriFYI is a background verification software system that accesses multi-jurisdiction checks utilizing one of the largest private-sector criminal history databases in the nation (180 million records). All information received is held in confidence and not shared at the county level. Criminal record results are shredded when a volunteer's status is determined.
- 13. Date Completed
- 14. Applicant's Signature