



Waller Co. Master Gardeners 2024 Training Program Application

WALLER COUNTY MASTER GARDENERS, 846 6th Street, Hempstead, Texas 77445
Extension Office Phone#: 979-826-7651.
Email: waller.mg@ag.tamu.edu
Website: <https://txmg.org/wallermg/>

Applications and payment must be received by **February 1st, 2024** for the current class.

INSTRUCTIONS: Please print clearly and return with your check to the above address. For questions, email Connie Holub at cjholub56@gmail.com or Renee Colwell at rcolwell58@gmail.com.

NAME: Last _____ First _____ MI _____

NAME FOR NAME BADGE: _____

MAILING ADDRESS: _____

City _____ County _____ Texas, Zip _____

CONTACT INFORMATION: Home _____ Work _____

Cell _____ Email _____

Place of Employment (if applicable): _____

If retired, what was your profession? _____

COMMITMENT: Will you agree to a background check? Yes or No

The Waller County Master Gardeners is a volunteer service organization.

Will you be able to commit to fifty (50) hours of volunteer service upon the completion of course work in twelve months? And an additional twenty (20) hours along with six (6) Continuing Education Hours each subsequent year? Yes _____ No _____

Will you be available to attend all classes on Tuesdays and Thursdays, 9am to 4pm, starting Tuesday, February 13th, 2024 and concluding on Thursday, March 21st, 2024. Yes _____ No _____

Tuition Fee: \$100.00 (includes Texas Master Gardeners Handbook) due by February 1st, 2024. You will receive a confirmation by email or phone call.

OBJECTIVES OF THE MASTER GARDENER PROGRAM:

Expand the capacity of the Texas A&M AgriLife Extension Service to distribute horticultural information to individuals and groups in the community. ·

Develop and enhance community programs related to horticulture.

Depending on community needs, these may be through news articles, clinics, presentations to garden clubs, schools, and other community groups, and by telephone contacts.

AGREEMENT:

- 1) I understand and agree that if accepted into the program I must attend all scheduled classes.
- 2) I also understand that I will become a Certified Master Gardener only when each of the following are completed:
- 3) Complete the 50 volunteer hours on approved Waller County Master Gardener projects by Nov. 15, 2023.
- 4) I understand that educational programs conducted by the Texas AgriLife Extension serve people of all ages regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity.
- 5) I understand that each year I must complete 20 volunteer hours on approved Waller County Master Gardener projects and 6 hours of Continuing Education units and pay dues (\$10.00) timely to continue as a Certified Master Gardener. I further pledge not to use my Texas Master Gardener Certification to promote any commercial venture.

Statement of Agreement:

- ✓ I understand that the Master Gardener program is sponsored by the Waller County office of Texas A&M AgriLife Extension Service.
- ✓ Furthermore, that the Waller County Master Gardener Association is a nonprofit (501C3) educational service organization of volunteers trained in horticulture, landscaping, soil, improvement, water conservation and other subjects of importance to Texas gardeners.
- ✓ I understand that AgriLife Extension coordinates Master Gardeners who provide leadership to this association while providing a variety of educational programs in conjunction with the Waller County office of AgriLife Extension.
- ✓ I understand that as a Certified Texas Master Gardener, I represent the following and will adhere to their policies and guidelines:
 - Waller County
 - The Waller County office of Texas A&M AgriLife Extension Service
 - The Texas A&M System
 - The Waller County Master Gardener Association

Applicant Signature

Please make check payable to Waller County Master Gardeners (WCMG).



The Texas Master Gardener Volunteer Form



We appreciate your commitment to the Texas Master Gardener program. Your satisfaction and progress in this volunteer position are 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 Waller 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 (varies by county, but must be a minimum 12 hours) hours annually after my intern year and gain 6 (varies by county, but must be a minimum 6 hours) 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:
 - a. Not use my Master Gardener status to promote any commercial activity or private business.
 - b. 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 do 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 Program.



Waller County Master Gardeners
Photo/Video Release Form



I hereby authorize the Waller County Master Gardener Organization and those acting pursuant to its authority (i) to record my likeness/and or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; (iii) use, reproduce, exhibit, and/or distribute my name, biographical material and such recordings in any medium (e.g. print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of Waller County Master Gardeners. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

*Children under the age of 18 will **NOT** have their names or biographical information used under any circumstances.*

Name of Participant (please print):

Participant's signature: _____

Parent/Guardian signature: _____

Date: _____

Phone #: _____

Email: _____