



Purdue Master Gardener Volunteer Application and Agreement

When you sign this Purdue Master Gardener Volunteer Application and Agreement you confirm that you agree to follow all policies concerning the use of the Purdue Master Gardener title. You also confirm that you have read and agree to follow all policies stated in the *Purdue Master Gardener Program Policy Guide* (www.hort.purdue.edu/mg).

In order to be considered for participation in the Purdue Master Gardener Basic Training or to continue volunteering as a Purdue Master Gardener, please read and sign this agreement, and return it to Purdue Extension-Hendricks County, 1900 E Main St, Danville, IN 46122.

Your interest and future contributions as a Purdue Master Gardener are greatly appreciated by Purdue Extension, Indiana residents, and the communities that benefit from your efforts.

Sincerely,

Angie Tilton

Agriculture and Natural Resources Educator | Community Development
1900 E Main Street, PO BOX 7
Danville, IN 46122
Phone: 317-745-9260
Fax: 317-745-9267
tilton@purdue.edu

Please print or type:

Full Name _____

Alias/MaidenName _____

Name (as you want to appear on Master Gardener name badge) _____

Date of Birth _____ Apt. _____

Address _____ State _____ ZIP _____

City _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

County of Intended Purdue Master Gardener Basic Training _____

County of Intended Purdue Master Gardener Service _____

The following questions regarding race and ethnicity are optional

Race (check one)

- White or Caucasian
- Black or African American
- American Indian or Alaskan Native
- Multiple Races
- Asian
- Native Hawaiian or other Pacific Islander
- Undetermined

Ethnicity (check one)

- Hispanic
- Non-Hispanic

Emergency Contact Information (required)

Name _____

Telephone _____

Relationship _____

Years of gardening experience (all levels welcomed) _____

Please list areas of interest or hobbies (i.e.: vegetables, greenhouse, roses, etc.) _____

Are you employed in the horticulture profession (garden center, nursery, etc.)?

_____ If yes, who is your employer? _____

Please check the areas in which you would prefer to volunteer:

_____ Speak to groups (_____ small-less than 5; _____ medium-5-20; _____ large-over 21)

_____ Organizational activities (booths, 4-H, community education events)

_____ Management (serve as Officer or Committee Chair in MG Association group)

_____ Staffing (information booths, office work, telephone calls)

_____ Writing (news articles, fact sheets, newsletters, etc.)

_____ Demonstration Gardens

_____ Plant ID & Problem Diagnosis (Master Gardener Education Center)

_____ Other. Please specify. _____

Cost for the Fall 2016 Basic Training is \$135.00 per person. This includes all class related handouts and materials.

Family members can share materials for an additional \$60.00.

Make checks payable to **Purdue CES Fund** (*please write Master Gardener class in the memo line.*)

Mail completed and signed application to :

Purdue Extension- Hendricks County

1900 E. Main St.

Danville, IN 46122

Provisions of the Agreement to Participate in the Purdue Master Gardener Program

Please read the statements below. By signing this form, you agree to all the statements below.

- Use of Title.** I understand that the title "Purdue Master Gardener" is to be used exclusively in the Purdue Master Gardener Program. Purdue Master Gardeners are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue Master Gardener Program.
- Understanding Policies.** I have read the *Purdue Master Gardener Program Policy Guide* (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the Purdue Master Gardener Program.
- Age Certification.** I am 18 years or older.
- Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the *Purdue Master Gardener Program Policy Guide*.
- Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue Master Gardeners explained in the *Purdue Master Gardener Program Policy Guide*.
- Pest Recommendations.** I agree to make recommendations to the public according to the Purdue Master Gardener pest information policy outlined in the *Purdue Master Gardener Program Policy Guide*.
- Liability Release.** I understand that participating in the Purdue Master Gardener Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue Master Gardener Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- First Aid.** I give permission for Purdue Master Gardener Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue Master Gardener Program activities. I shall be financially responsible for the cost of any medical treatment.
- Photo Release.** I grant permission for the Purdue Master Gardener program to use videos or photographs of me for educational purposes or promotion of the Purdue Master Gardener program and/or Purdue Extension programs
- Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info.
- Volunteer Service.** I agree to contribute at least 35 hours of volunteer service within two years of completing Purdue Master Gardener Basic Training and understand the number of volunteer hours required for certification may vary depending on the county of participation. I also understand that in order to continue my certification as a Purdue Master Gardener I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my Master Gardener county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the Master Gardener county coordinator at least once per year using a reporting method approved by the Master Gardener county coordinator.
- County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue Master Gardener is the coordinator and advisor for the Purdue Master Gardener Program in that county and for my involvement in the program.
- Notification of Changes.** I will contact the Purdue Extension Master Gardener county coordinator or Purdue Master Gardener state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue Master Gardener volunteer.
- I understand that the purpose of the Purdue Master Gardener program is to increase the knowledge and understanding of the participants about the broad area of home gardening/horticulture and that more importantly it to develop a core of trained volunteers who can and will share what they have learned through the training series with others. I understand that this educational outreach may take a variety of forms from such informal venues as from one on one consultation, small group discussion, informational booths and social networking to more formal venues such as classroom instruction for a variety of audiences among others. I understand that as a Master Gardener I will be working as a representative of Purdue University and the Purdue Extension Hancock County program.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____ Date _____

ForPurdueExtensionOfficeUseOnly

Date Received _____
Check # _____
Amount _____
NationalSexOffenderRegistryCheck—DateCompleted _____
Purdue Extension Office Staffer Completing Check _____
IndianaSexOffenderRegistryCheck—DateCompleted _____
Purdue Extension Office Staffer Completing Check _____
Verification of Photo ID — Date Completed _____
PurdueExtensionOfficeStafferCompletingVerification _____

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.