



Only participants who will complete 40 hours of practicum volunteer service this year should sign up for the University of Idaho Master Gardener Volunteer Program.

2018 Idaho Master Gardener Volunteer (IMG) Application

The University of Idaho Master Gardener Volunteer Program serves as an educational and volunteer organization. The program's purpose is to provide technical assistance and research based information in the area of home horticulture to people in all Idaho communities through qualified volunteers. To apply as an Idaho Master Gardener volunteer, complete entire application, pages 1-8. Payment is not required until acceptance into the program.

Application & payment must be received by Friday, January 5, 2018

Enroll me in the 2018 Idaho Master Gardener Volunteer Training. I understand that I am required to complete **a minimum of 80 hours of training** (40 classroom and 40 practicum). This training must be completed by September 30, 2018, unless prearranged with the UI Extension Educator in charge.

Full legal name (first, middle, last): _____

Birthdate: _____

Email (required): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Since the Idaho Master Gardener Volunteer Program is primarily supported by county tax dollars, priority is given to residents of Canyon County. Volunteer work must be done in and on behalf of the county for which you apply. If you are applying to the program and are not a resident of Canyon County, please attach a letter explaining your situation.

To become an *Idaho Master Gardener (IMG) Volunteer*, you must complete the following:

1. Apply to, and be accepted into your local county/area IMG Program.
 - a. The application process includes background checks, reference letters and interviews.
 - b. If accepted as an IMG Volunteer, pay the appropriate fees.
2. Course work: Satisfactorily complete the IMG training course with 80% minimum class attendance and completion of exams and assignments.
3. Volunteer Service: Continue the learning experience with 40 hours minimum volunteer service in the county/area of the IMG Program by the end of the program year (September 30, 2018).
4. Record volunteer hours and educational training.
5. Idaho Master Gardener Volunteers must have access to a computer with internet access.

How did you learn about the Idaho Master Gardener Volunteer Program?

Why do you wish to become an Idaho Master Gardener Volunteer?

Do you speak a language other than English?

Yes (language) _____

No

What are your expectations from this experience?

List any formal training or education in the area of horticulture/home gardening.

How many years have you been actively gardening? _____

Have you gardened anywhere else in the country/world?

Are you affiliated with any gardening clubs or horticulture-related groups? If so, please list:

On a separate sheet of paper, please answer the following:

1. Briefly share a success story you have had with gardening.

2. Briefly describe a garden challenge you have had and how you approached it.

How would you rate your "people skills" (ability to work with others)?

Excellent

Good

Fair

Please list your areas of specialization or interest you can share with others

Herbs

Turf

Vegetables

House plants

Tree fruits

Berries

Annual flowers

Perennial flowers

Ornamental trees

Shrubs

Ground covers

Other (specify)

Describe any other talents you could share with other Idaho Master Gardener Volunteers.

- Public Speaking
- Artistic
- Teaching
- Photography
- Typing, filing
- Other (Please be specific) _____
- Writing
- Manual labor
- Computing/webmaster
- Marketing/media work

How do you envision using your volunteer time to help others in the community?

Idaho Master Gardener Volunteers do a variety of educational outreach activities in the community. The list below includes examples of these activities. Please check areas that you find most appealing.

Note: This does not commit you to any specific project, dates or times.

- Phone inquiries.
- Diagnostic Clinic at the University of Idaho Extension Office – assisting walk-in clients with samples and questions.
- Teach adult garden-related classes.
- Write for local newspapers.
- Electronic media: respond to e-mail inquiries and/or assist with web site/Social Media development.
- Assist with county or community fairs.

Community Gardening and Greening

- Mentor a neighborhood group in community gardening/greening activities.
- Assist with planning, installation, and maintenance of an Idaho Master Gardener Demonstration garden or research plot.

Informational Booths

- Staff informational and diagnostic clinics out in the community (for example; at garden stores) advising clients on gardening questions.
- Staff informational booth at local Farmers' Markets.

Youth Activities

- Teach a gardening program in a school.
- Mentor a 4-H gardening program.
- Mentor a youth group in a community gardening or greening activity.
- Other projects (please describe).

How do you receive garden information? Please check.

- Garden magazines
- Nursery/garden center personnel
- Family/friends/neighbors
- Newspaper articles
- University/college professor
- Garden clubs
- Extension bulletins
- Extension office staff
- Extension Master Gardeners
- TV/cable stations
- Radio stations
- Garden website

Reference Information

References – Please list four people who are familiar with your character as it relates to volunteer work and working with youth and people with special needs. (Do not include family members.) References should have known you for at least two (2) years. Each will be contacted by email and asked to respond to a short questionnaire. All responses will be confidential.

Name: _____

Email address (required): _____

Street address: _____

City: _____ State & Zip Code: _____

Phone number: _____

Name: _____

Email address (required): _____

Street address: _____

City: _____ State & Zip Code: _____

Phone number: _____

Name: _____

Email address (required): _____

Street address: _____

City: _____ State & Zip Code: _____

Phone number: _____

Name: _____

Email address (required): _____

Street address: _____

City: _____ State & Zip Code: _____

Phone number: _____

Volunteer Screening Authorization/Consent **

I authorize contact of additional references as well as those listed above. I understand that misrepresentations or omission of facts requested is cause for non-appointment or dismissal as a University of Idaho Extension volunteer. During the application process and at any time during the time of my service with University of Idaho Extension, I hereby authorize Verified Volunteers and the Idaho State Police Bureau of Criminal Identification, on behalf of the University of Idaho Extension Idaho Master Gardener program, to procure a criminal background report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicle and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics. If selected and appointed as a volunteer, I agree to abide by the philosophies and code of conduct of University of Idaho Extension and to fulfill the volunteer responsibilities to the best of my ability.

Volunteer Applicant Signature

Date

Please return this completed application to your county extension office at your earliest convenience to assure prompt processing. Please contact your county extension office if you have any questions concerning the volunteer application or Extension or Idaho Master Gardener programs.

(*) For identification purposes only.

(**) Idaho code 67-3008(6) states "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

It is the policy of the University of Idaho Extension Service that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, religion, national origin, gender, religion, age, disability, political belief, sexual orientation, gender identity, marital or family status or veteran status.

Please read and initial next to each line indicating that you have read, understand and agree:

In the capacity of an *Idaho Master Gardener Volunteer*:

- I agree to cooperate with and support the local Extension Office staff and volunteers to jointly further the missions and objectives of University of Idaho Extension and the IMG Program which are found here:
<http://www.extension.uidaho.edu/mg/resources/handbook/MGH01.pdf>
- I agree to comply with training, reporting, certification, and other program requirements as directed. I understand this includes 40 hours minimum of approved volunteer service in Canyon County (unless special arrangements have been made, in advance).
- I understand that the title "*Idaho Master Gardener*" may be used only in conjunction with official University of Idaho Extension activities. The title may not be used to build my personal credentials in a non-Extension activity. The title may not be used to associate the Idaho Master Gardener name with commercial products or give implied endorsements of any product or place of business.
- I agree to disseminate information without regard to race, age, color, religion, national origin or ancestry, sex, gender, disability, veteran status, genetic information, sexual orientation, or gender identity or expression.
- I agree to follow federal, state, county, University of Idaho and Extension Office policies and regulations appropriate to my role as a volunteer.
- I agree to provide research-based horticultural information endorsed and sanctioned by University of Idaho Extension or other research-based institutions.
- I understand the audience for IMG volunteers is non-commercial home gardeners. I understand that as an Idaho Master Gardener Volunteer it is not my role to advise commercial growers or green industry professionals; but rather to refer commercial clients to the appropriate educators.
- I understand that as an IMG volunteer, I may not give advice that would be considered by the client as legal or medical in nature. I understand that as an IMG volunteer, I do not discuss the following issues: hazard trees (potential tree failure concerns), poisonous plants and mushrooms, medical use of herbs (including growing and use of marijuana), pesticide toxicity, and the misuse of pesticides.
- In relation to pest management, I understand that it is the role of the IMG Program to provide clients with appropriate non-chemical and chemical alternatives; allowing the client to select methods in harmony with their values. Any reference to pesticide use must come directly from Extension publications. All inquiries beyond the scope of Extension publications will be referred to the Extension Educator. I understand that I do not discuss or make comments about the toxicity of organic or synthetic pesticides. Any inquiry about pesticide toxicity will be referred to the *National Pesticide Information Center*, found here: <http://npic.orst.edu/>

- While performing my volunteer duties, I may apply only over the counter, “general use” pesticides. I will read and follow all label directions.
- I agree to consistently exhibit civility and courtesy in my behavior towards Extension staff, other volunteers and the public. I recognize that others may think and do things differently than what I personally prefer. When this happens, I will be respectful of their values and perspectives. I will avoid disrupting classes in any manner, including inappropriate comments, side conversations and excessive personal questions. I will not send inappropriate emails.
- I agree to refrain from using or possessing alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol or illegal substances during IMG service will result in termination as an IMG volunteer.
- I agree to provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation (consult a tax advisor).
- I agree to comply with training, reporting, certification, annual renewal requirements, and other program activities as directed.
- I understand that the IMG email address and membership lists are for internal business use only. I will not use it for commercial business or send spam type communications.
- I understand that volunteering for an organization is a privilege, not a right. I understand that I serve at the request of University of Idaho Extension and that the request can be withdrawn at any time.

I further understand that University of Idaho Extension will to the extent possible:

- Provide opportunities for my continual learning through volunteer activities, classes and workshops and online learning opportunities.
- Provide training, supervision, equipment, and direction to volunteers through the local Extension office.
- Communicate expectations and responsibilities of the program to volunteers.
- Uphold and cultivate a respectful relationship between staff and volunteers.
- Provide access to University of Idaho Extension reference materials and professionals.
- Provide a safe working environment within the Extension office and at IMG events.
- Match volunteer skills and interests with volunteer opportunities within the local program.

- While serving in an official IMG capacity (preapproved by the local Extension educator/IMG Program Leader), the University of Idaho covers IMG volunteers with University liability insurance provided that the volunteer uses research based information and applies good judgment.

I accept and agree to follow the Idaho Master Gardener Volunteer Code of Conduct as listed above and found in chapter one of the *Idaho Master Gardener Handbook*.

- Yes
- No

Classes will be held on Wednesday mornings 9 AM to 12 Noon

Signature _____ Date _____

Upon acceptance, please make checks (\$200 before December 1, 2017 or \$250 after December 1, 2017*) payable to Canyon County Extension

*A limited number of scholarships may be available to individuals who qualify. Please inquire.

All application procedures must be completed by Friday, January 5, 2018
We accept cash, checks, money orders or credit/debit card (by phone or in person)
Mail or hand-deliver to:

**University of Idaho Extension, Canyon County
501 Main Street, Caldwell, ID 83605**

It is the policy of the University of Idaho Cooperative Extension System that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, parental status, sexual orientation, or disability."

Anyone attending this program that requires auxiliary aids or services should contact Rich Guggenheim at 501 Main Street, Caldwell, ID or by phone 208-459-6003 at least two weeks prior to the event.