

# **K-State Research and Extension - Shawnee County Vegetable Certificate Program Application**

## **PROGRAM INFORMATION AND GUIDELINES**

- Possess an interest in growing food for personal use or for community benefit.
- Willingness to complete the eight-week certification course. Courses are every Wednesday from January 23-March 13 from 5:30 pm-7:00 pm.
- After course completion, you will be matched with a local community garden to provide at least 20 hours of guidance and mentorship to that garden. You will not be asked to work in the garden (weeding, watering or planting) but rather to answer questions and help the garden expand and be successful.
- Be willing to communicate research-based information from K-State, even if it includes the use of pesticides or other chemicals.
- Read and sign the Pest Management Information Policy.
- Read and sign the Photo Release Form.
- Read and sign the Volunteer Agreement and Code of Conduct.
- Read and sign the Requirements for the Vegetable Certificate Program.

**How did you hear about the Vegetable Certificate program?**

## **TIME AVAILABILITY**

Employed Full Time: \_\_\_\_\_

Employed Part Time: \_\_\_\_\_ Retired/Not Employed: \_\_\_\_\_

**Will your employment or other regular commitments allow you to be available to participate in the Vegetable Training Course and in required volunteer hours?**

## **GARDENING EXPERIENCE/TRAINING**

**Please list training, courses, or class experience you have had on gardening and/or growing your own food:**

**(75 words or less)**

**Discuss your reason(s) for wanting to join the Vegetable Certificate program - what is your “why”?:**  
**(150 words or less)**

## **COMMITMENT**

Thank you for your interest in the Vegetable Certificate program and for completing this application. It will be carefully considered by Extension staff and designees.

- Volunteers represent K-State Research and Extension and are considered unpaid university staff.
- Volunteers are expected to provide gardening advice based on research-based information, and to provide educational program assistance in support of the general county Extension education program.
- Volunteers **may not** participate in the Vegetable Certificate program for financial gain or for commercial credentials, recommendations or endorsements. Such behavior may result in removal from the course.

I wish to participate in the Vegetable Certificate program and agree to abide by the qualifications for acceptance and continued commitment including 20 hours of volunteer time with a designated local garden.

Name (**print**): \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

County You Reside In: \_\_\_\_\_

Preferred contact number: \_\_\_\_\_

Secondary contact number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail to or drop off at:** Shawnee County K-State Research and Extension  
1740 SW Western Avenue  
Topeka, Kansas 66604-3052  
Attention: Ariel Whitely-Noll

**E-mail to:** [arielw@ksu.edu](mailto:arielw@ksu.edu)

**Fax to:** 785-232-0093

# Shawnee County Extension Volunteer Agreement & Code of Conduct

## While volunteering as a Shawnee County Extension Volunteer, I will:

1. Work within the Vegetable Certificate Program. As an Extension volunteer, I am accountable to the local staff, the local Extension unit, K-State Research and Extension, and Kansas State University for my actions.
2. Work as a “team player” for the good of the program. I will work cooperatively with clients, other volunteers, and Extension staff. I will treat them with respect.
3. Not endorse products or services in my role as an Extension volunteer.
4. Not participate in the Vegetable Certificate program for personal financial gain.
5. Base my recommendations on approved sources and research-based information only.
6. Complete the required volunteer hours with the assigned local garden.

## Code of Conduct:

1. I will honor my volunteer commitment.
2. I will make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an equal opportunity provider and employer, committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reason.
3. I will provide a safe environment for all. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
4. I will not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, while on Extension grounds, or while representing the Vegetable Certificate program to the general public. I will not allow youth to do so while under my supervision.
5. I will operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I will have a valid driver’s license and the legally required insurance coverage.
6. I will role-model the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.
7. I will use technology and social media in a safe and appropriate ways for the enhancement and promotion of the Vegetable Certificate program.
8. I will obey the laws of the locality, state and nation as well as K-State Research and Extension policies and guidelines.

## Signature Required:

1. I have read and agree to abide by the volunteer agreement and code of conduct. I agree to comply with the policies, rules, and regulations of the local Extension Unit.
2. In signing this document, I apply to be an Extension volunteer with the local Extension Unit.
3. As an Extension volunteer, I serve at the request of K-State Research and Extension-Shawnee County and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Shawnee County Extension Pest Management Information Policy**

Protection of the environment and human health is a concern of everyone. In order to promote wise and effective pest management decisions, the Shawnee County Extension volunteers are asked to subscribe to the following policies. This contract will serve as a formal basis for volunteers when providing pest management information.

1. I understand that as an Extension volunteer the pest management information I provide must be limited to home, lawn, and garden problems; questions concerning commercial crop production, commercial pest control, and pesticide liability are to be referred to the appropriate Extension Professional.
2. I understand that as an Extension volunteer I will provide both nonchemical and chemical pest management information as approved by Shawnee County Extension and allow the client his or her choice of strategies. KSRE is committed to the least chemical usage as possible.
3. I understand that pesticides must be applied with care and only to plants, animals or sites listed on the pesticide label. When mixing and applying pesticides, all label precautions must be followed to protect the applicator, other persons, and the environment. It is a **violation of law** to disregard label directions. I will attempt to communicate this information to the client along with the pest management options.
4. Read and follow label.
5. I understand that as an Extension volunteer I am considered a volunteer representative of Kansas State University. Therefore, KSRE will assume liability for the pest management information I provide, **only if the information is limited to accurate, documented control options approved by Kansas State University Extension for home and garden use.**

I understand that if either myself or the client are not clear on information, I will request clarification from the appropriate Extension Professional.

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Print Name

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Signature

Date: \_\_\_\_\_

# Publicity/Photo Release

Form must be used for each individual photographed or recorded who is *not employed* by Kansas State University Agricultural Experiment Station and Cooperative Extension Service or College of Agriculture.

Participant Name (please print)

Age (if under 18)

Street Address

City

State

Phone

email

I authorize Kansas State University and/or K-State Research and Extension or its assignees to photograph and record my image and/or voice (or that of my child under age 18) for use in current or future research, educational, and promotional programs, and printed or electronic publications. I also recognize that these audio, video, and image recordings are the property of Kansas State University and K-State Research and Extension. I have read and understand the K-State Research and Extension Publicity/Photo Release.

Participant or Parent/Guardian Signature

Date

K-State/KSRE Photographer (please print)

Phone

Event or Associated Program (4-H, PRIDE, etc.)

Keywords for caption:

Facilitating K-State Research and Extension Staff Member

Date

