K-State Research and Extension - Shawnee County
Master Gardener Program Application
(Please Print All Responses)

Name: _______________________________ Date: ______________________

Organization’s Mission and Purpose:

Purpose of this organization:
1. Support K-State Research and Extension in its efforts to provide public education with research based horticultural information.
2. Assist the Shawnee County Extension staff in carrying out the Response Line duties, educational events and presentations and in providing educational resources to the public.
3. Promote horticulture as a pleasurable activity and emphasize the benefits to the home, the community and the individual.

Participant Requirements:

• Possess a high school diploma or equivalent.
• Complete the basic 40 hour SCEMG Training Course. Training is from 9:00 a.m. – 4:30 p.m. on eight Thursdays beginning in September. You are expected to attend all of the training sessions.
• The year after you complete the course (2020) is considered your In-Training year. In that year you are expected to complete 40 hours of volunteer work within Master Gardener Advisory Board approved projects. There are specific activities within the 40 hours that are required in addition to mandatory minimum meeting attendance.
• Be willing to communicate research-based information from K-State, even if it includes the use of pesticides or other chemicals.
• Complete all volunteer activities in Shawnee County.
• Attend one of the two Pre-Acceptance Orientations sessions listed on page 4.

Time Availability:
Employed Full Time: _______ Self Employed: _______
Employed Part Time: _______ Retired/Not Employed: _______

Most SCEMG volunteer activities occur during the day with only a few weekend opportunities. Please describe your availability to volunteer in SCEMG activities within these time parameters.
Experience and Training:
Please list training, courses, or class experience you have had on or related to gardening and/or environmental issues (75 words or less):

Please list volunteer organizations (gardening and non-gardening) you’re currently involved with:

Indicate areas of interest or experience in the following topics. Please mark areas of interest with a letter “A” and areas of experience with a letter “B.”

___ Conservation
___ Composting
___ Community Gardening
___ Conservation
___ Edibles (Fruit, Veg.)
___ Flowers
___ Landscape
___ Lawn Care
___ Leadership
___ Native Plants
___ Pollinators
___ Public Speaking
___ Technology/Power Point
___ Woody Ornamentals (trees and shrubs)
___ Working with Adults or Children with Special Needs
___ Writing and Editing
___ Youth Education
___ Other (Please explain) ____________________

Are you acquainted with any current or former Shawnee County Extension Master Gardeners?
   ___ Yes         Name(s) _________________________________
   ___ No
Volunteer Memorandum of Understanding:

As representatives of our county and of Kansas State University, our volunteers are expected to meet high expectations. Please carefully read each requirement and initial after each line. **Applicants who fail to complete this portion of the application will not be considered for the program.**

- Extension Master Gardeners are volunteers through K-State Research and Extension. Volunteers represent K-State and are considered unpaid university staff. I understand that in all my volunteer activities I am representing Shawnee County Extension Council, Kansas State University and K-State Research and Extension. _____

- Extension Master Gardeners operate under the guidance of trained Extension professionals responsible for monitoring their performance and the progress of their continuing education. I understand that I must follow the requests and guidelines of all the Extension professionals I work with. _____

- Extension Master Gardeners are expected to provide gardening advice based only on research-based information, and to provide educational program assistance in support of the general county Extension education program. I understand that during my volunteer time I cannot give gardening advice based on my own experience without research to back up those claims. _____

- Extension Master Gardener volunteers **may not** participate in the Shawnee County Extension Master Gardener program for financial gain or for commercial credentials, recommendations or endorsements. Such behavior may result in removal from the organization. I understand that my participation in this organization is to provide education to my community to improve their lives. I will not participate in this organization for my own, or others financial gain. _____

- I possess a high school diploma or equivalent. _____

- I am willing to communicate research-based information from K-State, even if it includes the use of pesticides or other chemicals. _____

- I understand that all volunteer activities must occur in Shawnee County unless otherwise designated by staff. _____

- I understand there is a participation fee of $120.00 due the first day of class to cover class materials and expenses. _____

- I wish to become a Shawnee County Extension Master Gardener trainee and agree to abide by the qualifications for acceptance and continued commitment including 40 hours of volunteer time in the first year and other commitments as described in this application. _____
Contact Information:

Name: ____________________________________________
Address: ____________________________________________
City, Zip Code: _______________________________________
Preferred contact number: _____________________________
Secondary contact number: _____________________________
E-mail: _____________________________________________

Signature: __________________________________________
Date: ______________________________________________

Pre-Acceptance Orientation is an opportunity for you to learn more about our program while we get to know you. Attending one session is mandatory.

Please indicate which pre-acceptance orientation session you will be attending:

Note: Staff will not contact you between submitting your application and Pre-Acceptance Orientation. Please write this date on your calendar!

☐ August 20, 2019 9:30 AM to 11:30 AM
Extension Meeting Room upstairs

☐ August 20, 2019 5:00 PM to 6:30 PM
Extension Meeting Room upstairs

Mail or drop off: Shawnee County K-State Research and Extension
1740 SW Western Avenue
Topeka, Kansas 66604-3052
Attention: Bessie Tolbert
E-mail to: bessiet@ksu.edu
Fax to: 785-232-0093

FOR PRE-INTERVIEW USE ONLY:

Name for internal directory: _______________________________

Significant other: ________________________________

Include their name in directory? Y/N

If preferred contact number is a cell number do you want to include Texting (T) in directory? Y/N

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing impairment, please contact Shawnee County Extension at 785.232.0062. K-State Research and Extension is an equal opportunity provider and employer.