

# K-State Extension - Shawnee County Shawnee County Extension Master Gardener (SCEMG) Program Application

## **PROGRAM INFORMATION AND GUIDELINES**

The Shawnee County Extension Master Gardeners are a volunteer group that works on behalf of Kansas State University and the Shawnee County Extension Council to bring non-biased, research-based, horticulture information to the citizens of Shawnee County. Initially established in 1988, we currently have more than 120 active volunteers, who cumulatively donated more than 8,000 hours to the community in 2025 through our activities. With the leadership of the SCEMG Advisory Board and Horticulture Extension Agent Lane Wiens, EMG volunteers work to embody our mission of “Improving our Community Through Horticulture.”

- The year after you complete the course, 2027 is considered your In-Training year. During this time, you are expected to complete at least 40 hours of volunteer work of approved projects. Of those 40 hours, 20 are dedicated to working the Response Line. In addition, you need to obtain 6 units of approved Advanced Training, attend 4 SCEMG monthly business meetings, and participate in 1 SCEMG fundraiser.
- Once you have successfully completed your In-Training year; to continue as an active Master Gardener you will need to complete the following annually: 25 hours of volunteer hours, 6 units of Advanced Training, attendance at 4 SCEMG monthly business meetings and participation in 1 SCEMG fundraiser.

Potential SCEMG Volunteers Should:

- Possess a high school diploma or equivalent and a broad interest in horticulture.
- Be willing to communicate research-based information from K-State, even if it includes the use of pesticides or other chemicals.
- Complete the basic training course using a combination of in-person and Zoom learning.
- Read and sign the Pest Management Information Policy. (*See page 5.*)
- Read and sign the SCEMG Volunteer Agreement and Code of Conduct. (*See page 6.*)

**Please type or write your responses**

How did you hear about the Extension Master Gardener program?

Are you acquainted with any active Shawnee County Extension Master Gardeners?

Yes      Name(s) \_\_\_\_\_

No

## **TIME AVAILABILITY**

In 2026, the training will be held primarily in person. Opportunities to make up missed classes will be available. Short quizzes will be assigned after every class. These assignments and sessions can take between 5-7 hours each week. After completion of the training course, several requirements (especially Response Line) are only available during the week. **Will your employment or other regular commitments allow you to be available to participate in the 2026 KSU EMG Basic Training Course and to complete the required volunteer hours from 2027 forward?**

## **GARDENING EXPERIENCE/TRAINING**

Please list training, courses, or experience you have in areas of gardening (annuals, vegetables, houseplants etc.), conservation, public speaking, teaching, technology, volunteerism, or other relevant areas. (200 words or less).

Please list your occupation (or what you did before you retired) and any skills in non-horticultural areas (writing, computers, graphics, art, photography, etc.) that might be relevant to your volunteer activities.

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

### **COMMITMENT**

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

- SCEMG are volunteers through K-State Extension. Volunteers represent K-State and are considered unpaid university staff.
- SCEMG operate under the guidance of trained Extension professionals responsible for monitoring their performance and the progress of their continuing education.
- SCEMG 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.
- SCEMG volunteers **may not** participate in the Shawnee County Extension Master Gardener program for financial gain or for commercial credentials, recommendations, or endorsements. Such behavior will result in removal from the organization or rejection from this process.

I wish to become a SCEMG 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 the **Program Information and Guidelines for the Extension Master Gardener Program** (page 1).

I understand there is a participation fee of \$100 (without printed text) or \$150 (with printed text) due August 22<sup>nd</sup> if I am accepted and that it is non-refundable. Partial scholarships may be available, upon request. Fees may be paid with cash or check but must be done in-person.

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

*By typing your name, you are signing this application electronically.*

**Mail to:** K-State Extension- Shawnee County  
1740 SW Western Avenue  
Topeka, Kansas 66604-3052  
Attention: Lane Wiens

**E-mail to:** [lwwiens@ksu.edu](mailto:lwwiens@ksu.edu) AND [jleever@ksu.edu](mailto:jleever@ksu.edu)

**Completed applications due  
July 31<sup>st</sup>, 2026!**

Please indicate if you would like a printed training binder. Online options will be available.

Yes  No

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

August 5<sup>th</sup>, 2026 9:00 AM to 10:30 AM

August 5<sup>th</sup>, 2026 5:30 PM to 7:00 PM

(Sessions will be held at the Shawnee County Extension Office)

**Note: Write this date on your calendar.**

Food is often included at a variety of SCEMG Events! Do you have any food allergies or preferences we need to know about? If yes, please list them below.

*K-State Extension is committed to providing equal opportunity for participation in all programs, services, and activities. Program information may be available in languages other than English. Reasonable accommodations for persons with disabilities, including alternative means for communication (e.g., Braille, large print, audio tape, and American Sign Language) may be requested by contacting Lane Wiens two weeks prior to the start of the event at 785-232-0062 or [lwwiens@ksu.edu](mailto:lwwiens@ksu.edu). Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information will be provided free of charge to limited English proficient individuals upon request.*

**Shawnee County Extension  
Master Gardener  
Pest Management Information Policy**

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

1. I understand that as a Master Gardener 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 a Master Gardener I will provide both nonchemical and chemical pest management information as approved by Shawnee County Extension and allow the client their choice of strategies. KSE 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 the 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 a Master Gardener I am considered a volunteer representative of Kansas State University. Therefore, KSE 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.**

If either myself or the client are not clear on information, I understand that I should request clarification from the appropriate Extension professional.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

*By typing your name, you are signing this application*

# Shawnee County Extension Master Gardener Volunteer Agreement & Code of Conduct

**While volunteering as a Shawnee County Extension Master Gardener (SCEMG), I will agree to the following:**

1. Work within the Master Gardener Program. As an SCEMG volunteer, I am accountable to the local staff, the local Extension unit, K-State Extension, and Kansas State University for my actions.
2. Work as a “team player” for the good of the SCEMG program. I will work cooperatively with clients, other volunteers, and Extension staff. I will treat them with respect.
3. I will use the title “Shawnee County Extension Master Gardener” only when performing official K-State Extension activities. I will not use the title or EMG name to endorse products or services, promote places of business, seek personal or professional benefit or financial gains, or advance personal political, religious, or environmental views.
4. I will communicate gardening advice based on research-based information from K-State or other Extension approved sources, including use of pesticides or other chemicals.
5. I will complete the required volunteer and training hours on an annual basis to maintain active status.
6. I will participate in meetings, self-study, or other training programs that will help me work more effectively with young people and adults.

**Code of Conduct:**

1. I will honor my volunteer commitment.
2. I will follow established guidelines for keeping financial records and handling SCEMG funds.
3. 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, religion, color, sex (including pregnancy, gender identity and sexual orientation), national origin, age, genetic information, or disability.
4. 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.
5. 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 SCEMG program to the general public. I will not allow youth to do so while under my supervision.
6. 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.
7. I will role model the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship.
8. I will use technology and social media in safe and appropriate ways for the enhancement and promotion of the SCEMG program.
9. I will obey the laws of the locality, state, and nation and comply with the policies, rules, and regulations of K-State Extension, the Shawnee County Extension Council, and SCEMG program.

**Signature Required:**

In signing this document, I apply to be an EMG with the Shawnee County Extension Unit and the Kansas Extension Master Gardener program.

1. I have read and agree to abide by the Volunteer Agreement and Code of Conduct above. I agree to comply with the policies, rules, and regulations of the Extension Master Gardener program and local Extension Unit.
2. As an EMG volunteer, I will serve at the request of K-State 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: \_\_\_\_\_

*By typing your name, you are signing this application*