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# 2024 MASTER GARDENER APPLICATION PACKET

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The Anderson County Master Gardener program is a volunteer service organization offered by The University of Tennessee Extension. The purpose of the Master Gardener program is to train citizens as horticulture educators for their communities.

The title **Master Gardener** is conditional upon complying with the following:

- Successfully completing the Master Gardener training program,
- Performing and reporting 40 service hours within 12 months of training program completion,
- Attending 4 Master Gardeners of Anderson County Association meetings per year,
- Sharing only University of Tennessee-approved recommendations (not home remedies but research-based information),
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses; and
- Certification is renewable annually, upon completion of volunteer and educational requirements.

**Included in this application packet are the following forms:**

- **Extension Volunteer Form**
- **TEMG Training Agreement**
- **Training Class Schedule**

**Training sessions will be held every Tuesday morning from 10:00am to 12:00pm from January 30th to April 30th, 2024. Classes will be held at the UT Arboretum auditorium located at 901 S Illinois Ave. Oak Ridge, TN.** Participants can also view sessions virtually on ZOOM if needed. Various hands-on activities, field days, and workshops will be held throughout the training as well.

Please fill out all forms in this packet completely.  
Incomplete application packets will not be considered.

**Applications are due no later than December 15th, 2023 and should be sent to:**

**Anderson County Extension, 100 N. Main St. Room 213 Clinton, TN 37716 OR emailed to ACMGA Coordinator, Seth Whitehouse at [whitehouse@tennessee.edu](mailto:whitehouse@tennessee.edu)**

Master Gardeners frequently interact with children. A check against the Sexual Offenders registry is required by the University of Tennessee for all volunteers working with children. Please note that the Background Disclosure section of this application must be completed before acceptance to the Master Gardener program.

**Please do not send payment with this application.** Payment of the \$175 training fee may be made after you receive notification your application has been approved and accepted. You will receive notification of acceptance status on or before January 1st, 2024 with payment due by January 5th, 2024.



# SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

## A. GENERAL INFORMATION

\*Must present your Driver's License or a government issued photo ID with your application\*

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Last First Middle Name  
Street, Route, Apt # Length of time at this address? \_\_\_\_\_  
City, State Zip code County

Mailing Address (if different from above) \_\_\_\_\_

Email address: \_\_\_\_\_ How long have you resided in this county? \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Have you previously volunteered with TN Extension?  Yes  No

If yes, county and last year volunteered? \_\_\_\_\_

## B. DEMOGRAPHIC INFORMATION

Gender:  Female  Male Ethnicity: (check one)  Not Hispanic/Latino  Hispanic/Latino

Race: (check one)  White  Black /African American  Native American Indian/ Alaskan Native  
 Asian  Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English?  Yes  No

(Please list, including American Sign Language.) \_\_\_\_\_

## C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

\_\_\_\_\_Hrs. /week \_\_\_\_\_Hrs. /month  1-3 months  3-6 months  6-12 months  Ongoing

When are you available to volunteer? (Check all that apply)

Day  Evening  Weekends  I'm flexible Specific times: \_\_\_\_\_

## D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth  Adults  Senior Citizens  Clientele with disabilities  Other \_\_\_\_\_

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school  K-3  Explorer (4<sup>th</sup> grade)  Junior (5<sup>th</sup> - 6<sup>th</sup>)  Jr. High (7<sup>th</sup>- 8<sup>th</sup>)

Senior:  Level I (9<sup>th</sup>-10<sup>th</sup>)  Level II (11<sup>th</sup> - 12<sup>th</sup>)

**E. ACTIVITY INTERESTS** - What are your volunteer activity interests? (Check all that apply)

- Teaching/ demonstrations
- Photography
- Newsletter
- Displays/exhibits
- Organizing programs/events
- Public Speaking
- Telephone/office work at county Extension office

- Writing/publishing/proofreading
- Web development
- Artworks, graphics
- Marketing
- Research/data collection
- Typing/ Computer entry
- Fundraising

\*If you are interested in a specific program or topic area such as 4-H Youth Development, Agriculture, Natural Resources, and Community Economic Development, Master Gardener, or Family and Consumer Sciences, please see Section 3 - Program Area Information Forms.

*\*The following two sections should be completed by Level 2 and Level 3 volunteers only\**

**F. REFERENCES** - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1. \_\_\_\_\_

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

2. \_\_\_\_\_

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

3. \_\_\_\_\_

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

**G. BACKGROUND DISCLOSURE** - A "yes" answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:
  - a. A crime of violence?  Yes  No
  - b. Child abuse or neglect?  Yes  No
  - c. Sexual related offenses?  Yes  No
2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

\_\_\_\_\_  
Applicant's Signature Date

FOR OFFICE USE ONLY: Date application was received: \_\_\_\_\_

This applicant: (Pick one)  Met qualifications for an Extension volunteer position. Volunteer Level:  1  2  3  
 Did not meet qualifications for an Extension volunteer position.

# AGRICULTURE, NATURAL RESOURCES, AND COMMUNITY ECONOMIC DEVELOPMENT

**GENERAL VOLUNTEER** - Please select which areas of volunteer opportunities interest you.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Beef                 | <input type="checkbox"/> Fruits & Vegetables     | <input type="checkbox"/> Small Ruminant |
| <input type="checkbox"/> Beekeeping           | <input type="checkbox"/> Leadership              | <input type="checkbox"/> Swine          |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Ornamental Horticulture | <input type="checkbox"/> Tobacco        |
| <input type="checkbox"/> Dairy                | <input type="checkbox"/> Poultry                 | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Equine               | <input type="checkbox"/> Row Crops               | _____                                   |

## **MASTER GARDENER**

Why do you wish to become an Extension Master Gardener Volunteer? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience or interests that you feel would be beneficial to the Master Gardener program? \_\_\_\_\_

\_\_\_\_\_

Years of gardening experience? \_\_\_\_\_

Would you like to work with home gardeners?  Yes  No

Which of these do you consider to be your areas of expertise?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vegetable gardening | <input type="checkbox"/> Lawns & turf grass | <input type="checkbox"/> Flower gardening             |
| <input type="checkbox"/> Community gardens   | <input type="checkbox"/> Herb gardening     | <input type="checkbox"/> Landscape design             |
| <input type="checkbox"/> Trees/shrubs        | <input type="checkbox"/> Native plants      | <input type="checkbox"/> Diseases/insects             |
| <input type="checkbox"/> Wildlife gardening  | <input type="checkbox"/> Houseplants        | <input type="checkbox"/> Water-conservation gardening |
| <input type="checkbox"/> Ornamental ponds    | <input type="checkbox"/> Other: _____       |   |

Other volunteer experiences in your community:

- |                      |                        |
|----------------------|------------------------|
| _____                | _____                  |
| Volunteer Position   | Organization Name      |
| _____                | _____                  |
| Organization Address | Organization Telephone |
- |                      |                        |
|----------------------|------------------------|
| _____                | _____                  |
| Volunteer Position   | Organization Name      |
| _____                | _____                  |
| Organization Address | Organization Telephone |

I understand the title Extension Master Gardener is conditional upon receiving training, performing 40 service hours and reporting those hours. Tennessee Extension Master Gardeners are expected to use only University of Tennessee-approved recommendation. The Extension Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

\_\_\_\_\_  
Applicant's Signature Date

# TEMG Training Agreement

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- The title Master Gardener Intern is given to those currently enrolled in the Tennessee Extension Master Gardener (TEMG) training program who has not yet completed the certification requirements.
- The certification requirements for a Tennessee Extension Master Gardener are as follows:
  - Attend a minimum of 80% of the scheduled class sessions for the training program.
  - Perform and report 40 hours of service work within 12 months of beginning the training program.
- Certification is renewable annually upon completion of volunteer and educational requirements.
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses
- The title Master Gardener is conditional upon complying with the following:
  - Full TEMG certification as outlined above.
  - Sharing only University of Tennessee-approved recommendations (not home remedies but researched-based information),
  - Appropriate usage of the Master Gardener name badge and title as outlined above; and
  - Annual recertification as outlined above.

I, \_\_\_\_\_ have read, understand, and agree with the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.  
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.  
UT Extension provides equal opportunities in programs and employment.

# 2024 INTERN TRAINING SCHEDULE

Date 10:00am - noon	Class Topic	Date 10:00am - noon	Class Topic
<b>Tuesday, January 30th</b>	Welcome to ACMGA with Seth Whitehouse	<b>Tuesday, March 19th</b>	Woody Ornamentals and Trees
<b>Tuesday, February 6th</b>	TEMG Program / Overview of TN Climate & Geography	<b>Tuesday, March 26th</b>	Plant Pathology
<b>Tuesday, February 13th</b>	Environmental Stewardship	<b>Tuesday, April 2nd</b>	Turfgrass & Weed Management
<b>Tuesday, February 20th</b>	Soils & Soil Management	<b>Tuesday, April 9th</b>	Backyard Fruits
<b>Tuesday, February 27th</b>	Basic Botany & Plant Function	<b>Tuesday, April 16th</b>	Vegetable Gardening
<b>Tuesday, March 5th</b>	Sustainable Landscape Design / Herbaceous Plants	<b>Tuesday, April 23rd</b>	Supporting Pollinators
<b>Tuesday, March 12th</b>	Entomology & Integrated Pest Management	<b>Tuesday, April 30th</b>	Project Tours / Anderson County Highlights