

January 27, 2016



**2016 Master Gardener
Volunteer Training
"Helping Others Grow"**

Dear Gardener:

Enclosed is an application form for the 2016 Master Gardener volunteer training. There are several items we want you to consider before you submit your application:

- The Purdue Master Gardener Policy Guide will accompany this letter and application. **You are strongly encouraged to read the guide prior to submitting your application.**
- This training is a non-credit, 7-session course held on **Wednesday from 9:00 a.m. – 4:00 p.m. beginning June 8, 2016 and concluding July 20, 2016.** There will be a 1 hour lunch break. Classes will be held in the meeting room at the Extension Office, located at 880 E. 99th Ct., Suite A, Crown Point, IN 46307. **The fee is \$150 per person** with a \$50 refund after completing 35 approved volunteer hours within 2 years. If there are 2 applicants from the same household, contact the office for discounted price. Financial assistance may be available.
- **Enrollment is limited and applicants will be numbered as they are received.** Application and payment (make checks payable to Purdue CES Education Fund) must be returned to the Purdue Extension – Lake County Office by May 25, 2016. Confirmation of your acceptance into the class will be sent out by the week of May 30. **Please note: you are required to attend every class. The classes are important for the learning process and passing the final exam.**
- Our main objective in training Master Gardener volunteers is to help people within our community through the Purdue Cooperative Extension Service. Master Gardeners should have the skills to pass on advice about the safe use of pesticides, maintaining healthy lawns and landscapes, vegetable gardens, etc. Therefore, we expect those who both complete the course and pass the final written examination to **provide at least 35 hours of volunteer public service in helping others within 2 years.** This is **required** to be a certified Purdue Master Gardener. Master Gardeners also have continuing education and volunteer hours every year in order to stay active in the organization.

In the past, Master Gardener volunteers have provided service on the help line (answering questions), planting and maintaining display flower beds at municipal locations, manning informational booths at public events, making presentations on gardening related subjects to various organizations and schools, etc.

Please remember to return your **completed application by Wednesday, May 25.**

Sincerely,

A handwritten signature in black ink that reads "Nikky Witkowski".

Nikky Witkowski
Agriculture & Natural Resources/Horticulture, Extension Educator
nikky@purdue.edu

NW:pg

Enclosures

p:Master Gardener Class\prospective letter 2016

880 E. 99th Court, Suite A · Crown Point, IN 46307-1854
PHONE: (219) 755-3240 FAX: (219)755-3251 WEBSITE: ces.purdue.edu/lake

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran.

Purdue University is an Affirmative Action institution. This material may be available in alternative formats.

#: _____ / _____

2016 Lake County Master Gardener Application

Print Your Name _____

How I would like my Name Tag to Read _____

Do you know of any current Master Gardeners? _____ Who? _____

Do you know anyone else applying this year? _____ Who? _____

Remember: You will be obligated to work a **minimum** of 35 hours of volunteer service. Applications will be numbered as they were received. You will be notified the week of **May 30, 2016** of your acceptance into the class.

To complete the application process, please do the following:

- Read the Purdue Master Gardener Program Policy Guide
- Complete the Purdue Master Gardener Volunteer Application and Agreement
- Complete this application for the Lake County Class
- Have payment of \$150 (Checks payable to Purdue CES Ed Fund)
- Mail or drop off all of the above by **4:30 p.m. on May 25, 2016** to:

**Nikky Witkowski, ANR/HORT
Purdue Extension – Lake County
880 E. 99th Court, Suite A
Crown Point, IN 46307**

“I have read this application and pledge myself to the Master Gardener Class. I know that I am required to attend every class, as the classes are important for the learning process and passing the final exam. I also know I may miss one (1) session. If I miss more than one (1) session I will not get a refund nor will I be eligible to finish the class. Therefore, I promise to attend all classes to the best of my ability. I will notify the Extension Office by June 1 of any special accommodations I require in order to participate in this program.”

(Your signature)

The following will not be used in determining your status. It will be used to improve program promotion and training materials.

What is your background in? Example: teaching, landscaping, engineering, etc.

How did you find out about the Master Gardener Program?

- | | |
|---|---|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> County Fair |
| <input type="checkbox"/> Other _____ | |

Office Use Only

Date Paid _____

Check # _____

Purdue Master Gardener Volunteer Application and Agreement



Please print or type

Full Name _____

Alias/Maiden Name _____

Date of Birth _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

County of Intended Purdue Master Gardener Basic Training _____

County of Intended Purdue Master Gardener Service _____

The following questions regarding race and ethnicity are optional

Race (check one)

- | | |
|--|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Undetermined | |

Ethnicity (check one)

- Hispanic Non-Hispanic

Emergency Contact Information (required)

Name _____

Telephone _____

Relationship _____

Provisions of the Agreement to Participate in the Purdue Master Gardener Program

Please read the statements below. By signing this form, you agree to all the statements below.

- **Use of Title.** I understand that the title “Purdue Master Gardener” is to be used exclusively in the Purdue Master Gardener Program. Purdue Master Gardeners are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue Master Gardener Program.
- **Understanding Policies.** I have read the *Purdue Master Gardener Program Policy Guide* (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the Purdue Master Gardener Program.
- **Age Certification.** I am 18 years or older.

- **Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the *Purdue Master Gardener Program Policy Guide*.
- **Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- **Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue Master Gardeners explained in the *Purdue Master Gardener Program Policy Guide*.
- **Pest Recommendations.** I agree to make recommendations to the public according to the Purdue Master Gardener pest information policy outlined in the *Purdue Master Gardener Program Policy Guide*.
- **Liability Release.** I understand that participating in the Purdue Master Gardener Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers (“Released Parties”) from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue Master Gardener Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- **First Aid.** I give permission for Purdue Master Gardener Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue Master Gardener Program activities. I shall be financially responsible for the cost of any medical treatment.
- **Photo Release.** I grant permission for the Purdue Master Gardener program to use videos or photographs of me for educational purposes or promotion of the Purdue Master Gardener program and/or Purdue Extension programs
- **Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info.
- **Volunteer Service.** I agree to contribute at least 35 hours of volunteer service within two years of completing Purdue Master Gardener Basic Training and understand the number of volunteer hours required for certification may vary depending on the county of participation. I also understand that in order to continue my certification as a Purdue Master Gardener I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my Master Gardener county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the Master Gardener county coordinator at least once per year using a reporting method approved by the Master Gardener county coordinator.
- **County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue Master Gardener is the coordinator and advisor for the Purdue Master Gardener Program in that county and for my involvement in the program.
- **Notification of Changes.** I will contact the Purdue Extension Master Gardener county coordinator or Purdue Master Gardener state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue Master Gardener volunteer.

Applicant’s Signature _____

Applicant’s Printed Name _____ Date _____

For Purdue Extension Office Use Only

National Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Indiana Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Verification of Photo ID — Date Completed _____

Purdue Extension Office Staffer Completing Verification _____