



MASTER GARDENER  
COLORADO STATE UNIVERSITY  
EXTENSION

*Colorado Master Gardener<sup>sm</sup> Program*  
*Colorado Gardener Certificate Training*

## 2019 Application Colorado Master Gardener Volunteer

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To become a *Colorado Master Gardener Volunteer*, you must:

1. Be at least 18 years old.
2. Apply to and be accepted into your local county/area CMG Program.
  - a. The application process includes background checks and reference letters; interviews are required by most counties.
  - b. If accepted as a CMG volunteer, pay fees.
3. Course work: Satisfactorily complete the CMG training course with 80% minimum class attendance, **completion of all on-line classes (see box below)** and completion of homework assignments.

The "Introduction to the Colorado Master Gardener program", "The Science of Planting Trees", "Care of Trees", Soils, Turf and IPM/Diagnosis are required classes. In order to complete these online classes, you must watch videos, do the readings, complete the worksheets and pre and post tests, all of which are monitored by your county coordinator. The web address and passcode will be provided to you by CSU Online.

If you do not complete the "Introduction to the Colorado Master Gardener program" by **11:59 pm January 18, 2019**, you *will be dismissed from the program with no refund*. Contact your coordinator if this requirement will be a problem for you; do not wait until the last day.

4. Volunteer activities: Continue learning with 50 hours minimum volunteer time in your county/area CMG program by the end of the program year (October 31, 2019).
4. Record volunteer hours and educational training in the Volunteer Management System (VMS) program. You will be given instructions and passcodes for the system.

# Your Information

Full legal name (first, middle, last): \_\_\_\_\_

Name you go by: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Home:

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are you employed in the Green Industry?

- No
- Yes; what is your job?

\_\_\_\_\_

**To apply as a Colorado Master Gardener volunteer, complete entire application, pages 1-7. Payment is not required until acceptance into the program.**

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**Section 1— Volunteer Experience**

**Briefly answer the following questions on an attached sheet of paper.**

- 1. Describe your experience in volunteer programs (scouting, hospitals, senior centers, park districts, 4-H, schools, etc.).
- 2. Describe your experience working with specific audiences (youth, special needs, senior citizens, etc.).

**Section 2- Teaching and Communications Experience**

- 3. Describe your experience in communications (electronic media, public speaking, writing, teaching, etc.).
- 4. Describe your experience as a teacher in formal or informal settings. This includes mentoring, demonstrations, and/or presentations you have done.

**Section 3 – Gardening Experience**

- 5. How many years have you been actively gardening? \_\_\_\_\_
- 6. How many years have you been actively gardening in Colorado? \_\_\_\_\_

**Briefly answer the following questions on an attached sheet of paper.**

- 7. Describe one of your gardening successes this past season.
- 8. Describe one of your gardening challenges this past season and how you approached it.
- 9. Describe your areas of gardening expertise you can share with others.

- 10. List formal education or training you have had in the area of horticulture / home gardening.

**Section 4 – The Colorado Master Gardener Program**

- 11. Describe non-gardening related skills/talents that you could share with the CMG organization.
- 12. Why do you want to become a *Colorado Master Gardener*? Describe what you'd like to do as a volunteer.

**Section 5 – Emergency Contact, Photo Release, and Residency**

- 13. Please provide emergency contact information for two individuals:

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

Relationship: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

- 14. **Photo release** – Occasionally CMG volunteers may be photographed in CMG activities for use in program documentation and marketing. Photographs may be used in newsletters, newspapers, on web sites, and in other marketing and impact reports.

May we take your picture for program documentation and marketing purposes?

- Yes     No

**15. Residency**

In what county do you reside?

\_\_\_\_\_

Since the local CMG program is primarily supported by county tax dollars, priority is generally given to county residents. Volunteer work must be done for and on behalf of the county/area program for which you apply. Applications to multiple programs are not accepted.

If you are applying to a program outside of your county/area of residency, please attach a statement explaining the situation.

**Section 6 – Scheduling**

16. Check the times that you are generally available for *Colorado Master Gardener* volunteering. *Note: This does not commit you to any specific dates or times.*

	Daytime	Evenings
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other comments about availability: \_\_\_\_\_

\_\_\_\_\_

17. Please indicate the type of scheduling notice that fits your lifestyle:

- I need to schedule well in advance of an event.
- I am available on short notice, 1-7 days.
- I am available some days for emergency fill-ins.

18. What is your availability for attending the CMG Training Course?\*

- No conflicts (available for all class sessions)
- Limited conflicts (may be late or leave early some days)
- Moderate conflicts (may miss 1-2 class sessions)
- Major conflicts (may miss more than 2 days)

\*Please explain any conflicts you foresee during training.

**Section 7 – CMG Volunteer Program Interests**

19. *Colorado Master Gardeners* do a variety of educational outreach programs in the community. The list below includes examples. Please check areas that you find most appealing.

Note: this does not commit you to any specific project, dates or times. Counties vary greatly in the CMG outreach offered locally. Some projects may be required by the county in which you apply.

- \_\_\_ **Phone inquires**
- \_\_\_ **Diagnostic Clinic** at the CSU Extension Office – assisting walk-in clients with samples and questions
- \_\_\_ **Teach** adult garden-related classes
- \_\_\_ **Write** for local newspapers
- \_\_\_ **Electronic media** – respond to e-mail inquiries and/or assist with web site development

**Informational Booths**

- \_\_\_ **Clinics** – staff informational and diagnostic clinics in the community (for example at garden stores), advising clients on gardening questions
- \_\_\_ **Fairs** – assist with county or community fairs
- \_\_\_ **Farmers’ Market** – staff informational booth at local Farmer’s Markets

**Community Gardening and Greening**

- \_\_\_ Mentor a neighborhood group in community gardening/greening activities
- \_\_\_ Assist with planning, installation, and maintenance of an educational CMG demonstration or research garden

**Youth**

- \_\_\_ Teach in a gardening program in a school
- \_\_\_ Mentor a 4-H gardening program
- \_\_\_ Mentor a youth group in a community gardening or greening activity
- \_\_\_ **Other projects** (please describe)

**Section 8 – Reference Information**

20. **References** – Please list three people who are familiar with your character as it relates to volunteer work, informal or formal teaching and working with special needs groups. (Do not include family members.) References should have known you for at least two (2) years. Each will be contacted by email and asked to respond to a short questionnaire. All responses will be confidential.

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

Email address (required):  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Email address (required):  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Email address (required):  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Section 9 – CMG Volunteer Agreement**

The intent of the following *Volunteer Code of Conduct* is to clarify relationships between the *Colorado Master Gardener Volunteer* and the Colorado Master Gardener Program of Colorado State University Extension. CSU Extension values the service of CMG volunteers and commits to do our best to make the volunteer experience a productive and rewarding one.

***In applying to become a Colorado Master Gardener Volunteer:***

- I understand that the decision to accept me or not accept me as a volunteer is the right of Colorado State University Extension. I understand, that in many counties, more individuals apply than the program can accommodate.
- I understand my acceptance into the Colorado Master Gardener Program commits me to 1) the Colorado Master Gardener Training, and 2) fifty hours minimum volunteer work in the CMG

program during the CMG activity year (ending October 31<sup>st</sup>, 2019).

- If I do not complete the 50 hours minimum volunteer work by October 31, 2019, I agree to reimburse Colorado State University Extension for the course work at the rate of \$15 per each uncompleted hour, to a maximum of \$500.
- I understand that Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer work. I understand that if I do not respond to the inquiry regarding background checks, my application will not be processed.
- I understand that volunteering for an organization is a privilege, not a right. If selected as a volunteer, I understand that I serve at the request of Colorado State University Extension and that the request can be withdrawn at any time.

#### **In the capacity of a *CMG Volunteer*:**

- I agree to be civil and courteous towards Extension staff, other volunteers and the public. Others may think and do things differently than what I personally prefer, but I will be respectful of their values and perspectives.
- I agree to cooperate with and support the local Extension Office staff and volunteers to jointly further the missions and objectives of the CMG Program. In addition, I agree to comply with training, reporting, certification, annual renewal requirements and other program directives as stated in CMG GardenNotes #014  
<http://cmg.colostate.edu/Gardennotes/014.pdf>
- I understand that the title “*Colorado Master Gardener*” may be used only in connection with official Colorado State University Extension activities. The title may not be used to associate the Colorado Master Gardener name with commercial products or give implied endorsements of any product or place of business. The title may not be used to advance my personal political, religious or environmental beliefs.
- I agree to disseminate information without regard to race, age, color, religion, national origin or ancestry, sex, gender, disability, veteran status, genetic information, sexual orientation, or gender identity or expression.
- I agree to follow federal, state, county, Colorado State University and Extension Office policies and regulations appropriate to my role as a volunteer.
- I agree to provide research-based horticultural information from Colorado State University or other research-based institutions.
- I understand CMG volunteer clientele are non-commercial home gardeners. I understand that as a CMG volunteer it is not my role to advise commercial growers or green industry professionals and will refer these clients to the appropriate Extension staff.
- I understand that as a CMG volunteer, I may not give advice that could be considered by the client as legal or medical in nature. I will not discuss the following issues: hazard trees, poisonous plants and mushrooms, medical use of herbs (including growing and use of marijuana), pesticide toxicity and the misuse of pesticides. I will refer these issues to the appropriate Extension staff.
- I will follow pest management recommendations based on integrated pest management (IPM) strategies, allowing the client to select methods in harmony with their values. Any reference to the use of pesticides must come directly from Extension resources. All inquiries beyond this scope will be referred to appropriate Extension staff.
- I understand that I will not discuss or make comments about the toxicity of organic or synthetic pesticides. Inquiries about pesticide toxicity will be referred to the *National Pesticide Information Center*, found here:  
<http://npic.orst.edu/>
- I will avoid being disruptive in training classes, volunteer events, and using social media or email. I understand that the CMG email communication system (VMS) and membership lists are for internal Extension business use only.

I will not use it for commercial business, share the information in it outside of Extension business or send spam type communications.

- I agree to refrain from using or possessing alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol, marijuana or illegal substances during CMG service will result in disciplinary action.
- In support of the program operations, I agree to pay annual CMG Fees and other expenses in regards to the program (i.e. books, transportation, course fees, clothing), as assessed by the state and my local county program.
- As non-paid staff, I understand that I am not covered by CSU worker's compensation or other medical insurance.

**I further understand that Colorado State University Extension will to the extent possible:**

- Provide opportunities for my continual learning through volunteer activities, classes and workshops and online learning opportunities.
- Provide training, supervision, equipment, and direction to volunteers through the local Extension office.

- Communicate expectations and responsibilities of the program to volunteers.
- Uphold and cultivate a respectful relationship between staff and volunteers.
- Provide access to CSU Extension reference materials and professionals.
- Provide a safe working environment within the Extension office and at CMG events.
- Match volunteer skills and interests with volunteer opportunities within the local program.
- While serving in an official CMG capacity (preapproved by the local agent/CMG Program Leader), the University covers CMG volunteers with University liability insurance provided that the volunteer uses research based information and applies good judgment.

**22. I accept and agree to follow the CMG Volunteer Code of Conduct as listed above.**

- Yes
- No

**Section 8 – OPTIONAL – Lower Income Scholarship at \$85 course fees**

The *Colorado Master Gardener Program* offers scholarships based on household income (as outlined in the table below) reducing the CMG fees to \$85; numbers are based on the federal income eligibility guidelines (2017). The number of scholarships available in a county is limited. Awarding of scholarships is based on CMG selection criteria.

<u>Household Size</u>	<u>Gross Annual Income</u>
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

- I apply for a CMG Reduced Fee Scholarship, certifying that my gross annual household income falls at or below the rate indicated in the table.

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**Section 9 – Signature**

The information that I have provided may be verified by contacting persons or organizations named in the application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of Colorado State University Extension.

In signing this application, I affirm that the information I have given herein is true and correct.

Signed: \_\_\_\_\_

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