

## 2013 Application Colorado Master Gardener Volunteer

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Full legal name: \_\_\_\_\_

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

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

Home:

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

\_\_\_\_\_

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

Fax: \_\_\_\_\_

Work:

(List only if you may receive personal calls/fax at work.)

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

Fax: \_\_\_\_\_

Are you employed in the Green Industry?

No

Yes, if yes, what is your job?

\_\_\_\_\_

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

1. Apply to and be accepted into your local county/area CMG Program.
  - a. The application process includes background checks and reference letters.
  - b. If accepted as a CMG Volunteer, pay fees.
2. Course work: Satisfactorily complete the CMG training course with 80% minimum class attendance and completion of homework assignments.
3. Volunteer Service: Continue the learning experience with 50 hours minimum volunteer service in the county/area CMG program by the end of the program year (October 31).
4. Turn in reports on volunteer hours (online or by paper report).

## 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 in communications (electronic media, public speaking, writing, teaching, etc.)
3. Describe your experience working with specific audiences (youth, disabled, senior citizens, etc.)
4. Describe your experience with informal teaching. Including mentoring, demonstrations, presentations you have done.
5. Why do you want to become a *Colorado Master Gardener*? What do you see yourself doing as a *Colorado Master Gardener*?

## Section 2 – Gardening Experience

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

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

8. In one short paragraph, describe one of your gardening successes this past season.
9. In one short paragraph, describe one of your gardening challenges this past season.

10. Describe your areas of gardening expertise you can share with other gardeners.
11. Describe one, non-gardening related, skill that you are proficient in that you could share with the CMG organization.
12. List formal education or training you have had in the area of horticulture / home gardening.
13. Describe a major challenge faced by the gardening public in Colorado.

## Section 3 – Emergency Contact, Photo Release, and Residency

14. Please provide emergency contact information:

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

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

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

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

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

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

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

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

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

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

15. **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

16. **Residency**

In what county do you reside?

\_\_\_\_\_

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

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

**Section 4 – Volunteer Activity Interests**

20. *Colorado Master Gardeners* do a variety of educational outreach activities in the community. The list below includes examples of these activities. Please check three (only 3) areas that you find most appealing.

Note: this does not commit you to any specific project, dates or times. It is use to help coordinators connect volunteers with projects.

- \_\_\_ **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 out in the community (for examples at garden stores) advising clients on gardening questions
- \_\_\_ **Fairs** – assist with county, or community fairs
- \_\_\_ **Farmers’ Market** – staff informational booth at local Farmers’ Markets

**Community Gardening and Greening**

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

**Youth Activities**

- \_\_\_ Teach 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 5 – Scheduling**

17. Indicate times you are generally available and not available for *Colorado Master Gardener* volunteer service by:

- Placing an **A** for times you are generally **available**, OR
- Placing an **N** for times you are generally **not available**, (for example, work schedule).

Note: This does not commit you to any specific date. It is used to help coordinators connect volunteers with projects.

	Daytime	Evenings
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

18. Please indicate the type of scheduling notice that fits your lifestyle: (This information helps program coordinators connect volunteers with projects.)

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

19. 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)

## **Section 6 – CMG Volunteer Agreement**

The intent of the agreement 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 service a productive and rewarding experience.

### **In applying to become a *Colorado Master Gardener Volunteers*:**

- In applying to become a CMG 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 community service in the CMG program during the CMG activity year (ending October 31<sup>st</sup>).
- If I do not complete the 50 hours minimum volunteer service by October 31, 2013, 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 served 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 cooperate with and support the local Extension Office staff and volunteers to jointly further the missions and objectives of Colorado State University Extension and the CMG Program.
- I agree to comply with training, reporting, certification, and annual renewal requirements, and other program directives as delineated in CMG GardenNotes #014, *The Colorado Master Gardener Program*, available at [www.cmg.colostate.edu](http://www.cmg.colostate.edu). I understand this includes 24 hours minimum of approved volunteer service and 12 hours minimum of approved continuing education annually (unless special arrangements have been made, in advance, for *limited activity/inactive status*).
- I understand that the titles “*Colorado Master Gardener*” maybe used only in conjunction with official Colorado State University Extension activities. The title may not be used to build my personal credentials in a non-Extension activity. 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.
- 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 state and federal laws and regulations (for example, comply with copyright law and EO policies). I agree to follow the fiscal policies and guidelines of the local Extension office, county, state, and Colorado State University.
- I agree to provide research-based horticultural information endorsed and sanctioned by Colorado State University Extension. When I enrich a discussion with my own experience, I will frame it “from my own gardening experience...”.
- I understand the audience for CMG volunteers is non-commercial home gardeners. I understand that as a Colorado Master Gardener Volunteer it is not my role to advise commercial growers or green industry professionals; but rather to refer commercial clients to the appropriate agents.
- 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 understand that as a CMG volunteer, I do not discuss the following issues: hazard trees (potential tree failure concerns), poisonous plants and mushrooms, medical use of herbs (including growing and use of medical marijuana), pesticide toxicity, and the misuse of pesticides.
- In relation to pest management, I understand that it is the role of the CMG Program to provide clients with appropriate non-chemical and chemical alternatives; allowing the client to select methods in harmony with their values. Any reference to the use of organic and manufactured pesticides (insecticides, fungicides, herbicides, etc.) must come directly from Extension print materials. All inquiries beyond the scope of Extension print materials will be referred to the Extension Agent. I understand that I do not discuss or make comments about the toxicity of organic or manufacture pesticides. Any inquiry about pesticide toxicity will be referred to the National Pesticide Information Center.
- I agree to consistently exhibit civility and courtesy in my behavior towards Extension staff, other volunteers, and the public. I recognize that others may think and do things differently that what I personally prefer. When this happens, I will be respectful of their values and perspectives. I will avoid disrupting classes with snarky comments, and sending profanity-laced emails.
- I agree to refrain from using or possessing alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol or illegal substances during CMG service may result in termination as a CMG volunteer.
- I agree to provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation (consult a tax advisor). CMG training and continuing

education operates on a cost recovery mode. Counties cover this with fund raising activities, annual dues, and/or fees for specific classes.

- Volunteers who drive as part of their volunteer service must be in compliance with State of Colorado laws, including but not limited to: 1) have a valid Driver’s license with a relatively clean driving record, 2) have at least the minimum auto insurance required by state law, and 3) comply with seat belt use and other traffic laws. Furthermore, it is expected that any vehicle used to transport CMG volunteers or clients is maintained so that is “safe and reliable” for the conditions, weather, and distance in which it is to be driven.
- In support of continuing education and the general program operations, I agree to pay Annual CMG Fees, as assessed by the state and my local county program.
- I understand that the CMG email communication system (VMS) and membership lists are for internal business use only. I will not use it for commercial business or send spam type communications.
- As non-paid staff, I understand that I am not covered by CSU worker’s compensation or other medical insurance.
- I understand that I serve at the request of Colorado State University Extension and that the request can be withdrawn at any time.

**I further understand that Colorado State University Extension will:**

- Provide opportunities for my continual learning through volunteer activities, classes and workshop, 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.
- Provide access to CSU Extension 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), cover CMG volunteers with University liability insurance provided that the volunteer uses research based information and applies good judgment.

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: \_\_\_\_\_

# Part 2 – Confidential Sections

Note: This section of the application will be review only by CSU Extension staff.

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

## Section 7 – Reference Information

### 21. Residence (for last 5 years)

Dates: From: \_\_\_\_\_ To: present

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

\_\_\_\_\_  
City State Zip Code

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

### 22. Background check

- a. Have you ever been convicted of a criminal offense?  No,  Yes (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

A criminal record will not necessarily bar an individual as a volunteer, but it will be considered as it relates to the specifics of the volunteer positions and activities.

- b. Other than the above, is there any fact or circumstances involving you or your background that would call into question your suitability to serve as a volunteer working with other adults or youth?

No,  Yes (If yes, explain.)

\_\_\_\_\_  
\_\_\_\_\_

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

Name	Complete Mailing Address	Phone Number

**Lawful Presence**

Under Colorado law (House Bill 1023), proof of lawful presence in the United States is required for reduced fees in state funded programs. This is done by completing this affidavit and showing an approved form of identification (listed below) to appropriate staff.

**AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a state benefit from Colorado State University. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a state benefit is fraudulently received.

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

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

Individual's Social Security Number:  
\_\_\_\_\_

Individual's Full Legal Name (please print):

Office use only

**Approved forms of ID**

Check the form of ID used.  
(Note: no other forms of ID are acceptable)

- Colorado Driver's License**
- Colorado Identification Card issued by Department of Motor Vehicles
- United States military card
- United States military dependent identification card
- United States Coast Guard Merchant Mariner card
- Native American tribal document
- U. S. Passport
- Out-of-state driver's license

**Section 8 – OPTIONAL – Lower Income Scholarship at \$165 course fees**

The *Colorado Master Gardener Program* offers scholarships based on household income (as outlined in the table below) reducing the CMG fees to \$165. The number of scholarship available in a county is limited. Awarding of scholarships is based on CMG selection criteria.

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.

<u>Household Size</u>	<u>Gross Annual Income</u>
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860
8	\$77,780

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

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

## **Colorado Gardener Certificate**

### **Student Enrollment Form - 2013**

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Name (as you want it on the certificate)

\_\_\_\_\_

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

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

Home:

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

\_\_\_\_\_

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

Fax: \_\_\_\_\_

Work:

(List only if you may receive personal calls/fax at work.)

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

Fax: \_\_\_\_\_

Are you employed in the Green Industry?

No

Yes, if yes, what is your job?

\_\_\_\_\_

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To receive the Colorado Gardener Certificate, student must:

1. Submit the **Colorado Gardener Certificate Student Enrollment Form** with \$625 tuition and fees\* payment to the County Extension Office.
2. Course work: Satisfactorily complete the CMG/CGC training course with 80% minimum attendance at class sessions and completed homework assignments.

Class size is limited on a first come (that is pay) basis.

The *Colorado Gardener Certificate* may be displayed in a place of business and the title may be used in business marketing.

\*In comparison, the Colorado Master Gardener/Colorado Gardener Certificate Training is comparable to a four-credit class. CSU Tuition for a four-credit class is \$1497 plus books and fees.

- Colorado State University, U.S. Department of Agriculture and Colorado counties cooperating.
- CSU Extension programs are available to all without discrimination.