

# Volunteer Application for Midway Extension District #15

Who we are: The Midway Extension District Extension Master Gardener program is an educational volunteer program supported by K-State Research and Extension, cooperating with Kansas State University and the United States Department of Agriculture. The program promotes accurate, up-to-date and research-based horticultural information to Kansans in their local communities.

\* Required

Guidelines for Extension Master Gardener (EMG) Program Participation:

### 1. Program Eligibility

- Be a Midway District resident Ellsworth or Russell counties, or agree to repay your commitment of volunteer service within your county or extension district
- Have a high school diploma or equivalent
- Possess a passion for gardening
- Have a desire to improve your community
- Have a willingness to learn more about horticulture
- Have an interest in joining a worthy and fun organization
- Have time to volunteer locally
- Enjoy sharing knowledge and skills with others

I have read and agree to these requirementsI am unable to fulfill these requirements

## 2. Program Commitment:

- Complete the EMG Basic Training Course, scheduled Thursdays from 1-4pm CT via Zoom in September through November.
- Complete the 40 hours of volunteer work with Extension Agent-approved projects within one year following EMG Basic Training Course completion.
- Continuation as an EMG in good standing requires completion of 8 hours of Advanced EMG Training, Regular attendance of quarterly meetings, and a minimum of 20 volunteer hours annually.
  - Note: Most EMG activities occur during weekday mornings, during the months of April through October. There are limited opportunities for afternoon, evening and weekend volunteering.

I have read and agree to these requirements

I am unable to fulfill these requirements

# **Application Questions**

Please thoroughly answer the following questions to give reviewers an excellent picture of your desire to join the Extension Master Gardener volunteer program and your willingness to advance horticultural awareness, understanding and action in your community.

3.	How did you hear about the Extension Master Gardener volunteer program? *
4.	Gardening Experience and Interests  Describe your garden experience and discuss any areas of garden specialization or interests that you have. Include any training, courses, or other horticultural education programs you have attended. *

5.	Check any area(s) of horticultural specialization or experience:
	Annuals Flowers
	Composting
	Entomology (Insects)
	Fruit
	Herbs
	☐ House Plants
	Landscaping
	Lawn Care
	Perennials
	Pollinators
	Soils
	Trees and Shrubs
	Vegetables
	☐ Water Gardening
	Other

you enjoy most abou	interested in volunteering. What do t volunteering? What does within you? Describe a significant

	eck any area(s) of specialization or experience that u would like to share as an EMG volunteer:
	Art or Drawing
	Bookkeeping
	Computers
	Creative Writing
	Education of Adults
	Education of Youth
	Event Planning
	Grant Writing
	Photography
	Public Speaking
	Social Media
	Other
_	plain why you want to become a volunteer for the ension Master Gardener program. *

# Your Role as an Extension Master Gardener Volunteer

Please indicate the level of your interest in participating in each of the EMG volunteer projects listed below by rating your interest for each topic. Some activities require physical work or interacting with the public, while others concentrate on planning and administrative tasks. All activities are vital to the success of the EMG organization in fulfilling the Extension mission to the community.

**3 stars** (very interested) **2 stars** (somewhat interested) **1 star** (minimal interest)

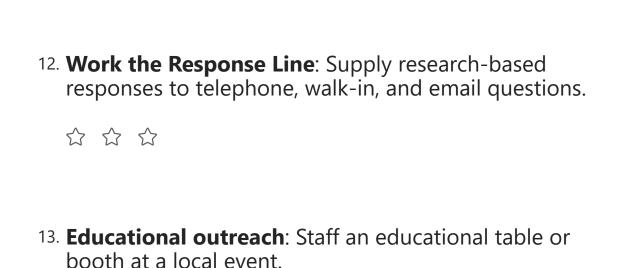
9. **Youth programs/gardens**: Teach youth to garden, work at events designed to increase awareness and active interest in gardening among youth (4-H, after school programs, K-12).

10. **Work in a local garden**: Help to design, plant, and maintain public demonstration gardens.



11. **Work at a community garden**: Could include administration, teaching and outreach to gardeners.







14. **Newsletter**: Take pictures for or write an educational article for our monthly newsletter

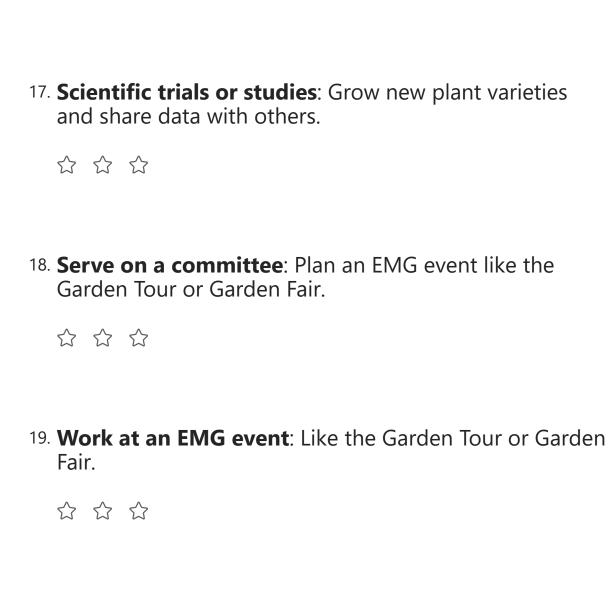


☆☆☆

15. **Publicity**: Plan and execute promotion of EMG services, events, and activities.

16. **Present a gardening topic**: For local groups and organizations.





20. **Provide hospitality**: Bake, host, or decorate for an EMG event.

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21. **Develop educational materials**: Plan, design, and construct displays, exhibits, handouts, or brochures to support EMG activities.

## **Agreement & Code of Conduct**

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# While volunteering as a Midway District Extension Master Gardener (EMG):

- 1. I will work within the Extension Master Gardener Program. As an EMG volunteer, I am accountable to the local staff, the local Extension unit, K-State Research and Extension, and Kansas State University for my actions.
- 2. I will work as a "team player" for the good of the EMG program. I will work cooperatively with clients, other volunteers, and Extension staff. I will treat them with respect.
- 3. I will not endorse products or services in my role as an EMG.
- 4. I will not participate in the EMG program for personal financial gain.
- 5. 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.
- 6. I will complete the required volunteer and training hours on an annual basis to maintain active status.
- 7. 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 EMG 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, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reason.
- 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 the Extension grounds, or while representing the EMG 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 twenty arthiness respect respect

- 7.1 will role model the character traits of trustworthliness, 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 EMG program.
- 9. I will obey the laws of the locality, state and nation, and comply with the policies, rules and regulations of K-State Research and Extension, Midway Extension District and EMG program.

#### 22. Signature Required:

- 1. In signing this document, I apply to be an EMG with the local Extension Unit and the Kansas Extension Master Gardener program.
- 2. I have read and agree to abide by the volunteer agreement and code of ethics. I agree to comply with the policies, rules, and regulations of the Extension Master Gardener program and local Extension Unit.
- 3. As an EMG volunteer, I will serve at the request of K-State Research and Extension Midway Extension District and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Electronic Signature (type your full na	me) *
23. Date *	
	E::

# **Personal Information**

24.	Full Name (First and Last Name) *
25.	County *
26.	Mailing address * Include City, State, and Zip Code
27.	Email address (Note: EMG communication occurs by email) *

28.	Home Phone
29.	Cell Phone
30.	Emergency Contact (full name) *
31.	Relationship with emergency contact *
32.	Emergency contact phone number *

## **Publicity Release**

- 33. Do you authorize K-State Research and Extension or their assignees to record, video, and photograph your image and/or voice for use in research, educational, and promotional programs? These audio, video, and image recordings are the property of K-State Research and Extension. \*
  - Yes, I authorize use of my individual image or voice. I recognize these audio, video, and image recordings are the property of K-State Research and Extension.
  - O No, I do not authorize use of my individual image or voice.

# **Extension Participant Demographic Collection Form**

K-State Extension programs are open to everyone. To ensure civil rights policy adherence, we are required to report program participant race and gender data to the United States Department of Agriculture (USDA). Only aggregated information (total numbers across all programs) about race and gender are reported to the USDA. Providing the following information is **voluntary** and will be maintained strictly for reporting purposes. These records are kept separately from mailing lists and other participant information. Thank you for taking the time to provide us with this information.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service K-State Research and Extension is an equal opportunity provider and employer. Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture cooperating.

٠.	Ka	ce (check all that apply) *
	$\bigcirc$	American Indian or Alaskan Native
	$\bigcirc$	Asian
	$\bigcirc$	Black or African American
	$\bigcirc$	Native Hawaiian or Other Pacific Islander
	$\bigcirc$	White or Caucasian
	$\bigcirc$	Two or more races
		Choose not to provide

35. Ethnicity *		
$\bigcirc$	Hispanic or Latino	
$\bigcirc$	Not Hispanic or Latino	
$\bigcirc$	Choose not to provide	
36. <b>Ge</b>	nder *	
$\bigcirc$	Male	
$\bigcirc$	Female	
$\bigcirc$	Non-binary	
$\bigcirc$	Choose not to provide	
37. <b>Ag</b>	<b>e</b> *	
$\bigcirc$	18-29 years	
$\bigcirc$	30-59 years	
$\bigcirc$	60-75 years	
$\bigcirc$	76 years or older	
$\bigcirc$	Choose not to provide	

38	Please share anything else that is important for us to know about your identity.

# Kansas State University Agriculture Experiment Station and Cooperative Extension Service

K-State Research and Extension is committed to making its services, activities, and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, please contact Midway Extension at Ellsworth 785-472-4442 or Russell 785-483-3157 . K-State Research and Extension is an equal opportunity provider and employer.

## Thank you for your interest

We appreciate your interest in the Midway District Extension Master Gardener Program and the effort you have put into your application. We will notify you of the outcome once the review process is complete. Thank your for your patience.

If accepted, there is a participation fee of \$50 to cover the cost of training materials and other EMG expenses.

For questions, please contact Craig Dinkel Midway Extension District Horticulture agent <a href="mailto:cadinkel@ksu.edu">cadinkel@ksu.edu</a> or call 785-472-4442. or visit our website <a href="https://www.midway.k-state.edu/index.html">https://www.midway.k-state.edu/index.html</a>

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