SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION 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

Name _____
Last First Middle Name

Home Address _____ Length of time at this address? _____
Street, Route, Apt #

_____
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 (4th grade) ☐ Junior (5th - 6th) ☐ Jr. High (7th-- 8th)
Senior: ☐ Level I (9th-10th) ☐ Level II (11th – 12th)

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

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).

AGRICULTURE, NATURAL RESOURCES, AND COMMUNITY ECONOMIC DEVELOPMENT

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?

☐ Vegetable gardening	☐ Lawns & turf grass	☐ Flower gardening
☐ Community gardens	☐ Herb gardening	☐ Landscape design
☐ Trees/shrubs	☐ Native plants	☐ Diseases/insects
☐ Wildlife gardening	☐ Houseplants	☐ Water-conservation gardening
☐ Ornamental ponds	☐ Other: _____	

Other volunteer experiences in your community:

1. _____

Volunteer Position | Organization Name

Organization Address | Organization Telephone

2. _____

Volunteer Position | Organization Name

Organization Address | Organization Telephone

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

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.

Signature | Date

FOR OFFICE USE ONLY: Date application was received: _____

This applicant: (Pick one) ☐ Met qualifications for an Extension volunteer position. ☐ Did not meet qualifications for an Extension volunteer position.

Volunteer Level: ☐ 1 ☐ 2 ☐ 3

UT EXTENSION INSTITUTE OF AGRICULTURE THE UNIVERSITY OF TENNESSEE

TSU COOPERATIVE EXTENSION COLLEGE OF AGRICULTURE TENNESSEE STATE UNIVERSITY

TEMG Training Agreement

- 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 _____