



# Crimson Clover Master Gardener Association

The Crimson Clover Master Gardener program is a volunteer service organization offered by The University of Tennessee Extension. The purpose of the Master Gardener program is to train citizens as horticulture educators for their communities.

The title **Master Gardener** is conditional upon complying with the following:

- Successfully completing the Master Gardener training program,
- Performing and reporting 40 service hours within 12 months of training program completion,
- Sharing only University of Tennessee-approved recommendations (not home remedies but researched-based information),
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses; and
- Certification is renewable annually, upon completion of volunteer and educational requirements.

**Included in this application packet are the following forms:**

- **Training Class Schedule**
- **Horticulture Questionnaire**
- **Extension Volunteer Form**

To complete the training, you must attend 18 of the 22 classes on the schedule. Please ensure you are available to do so before applying for the program.

Please fill out all forms in this packet completely.  
Incomplete application packets will not be considered.

**Applications are due no later than August 1, 2019 and should be returned to:**  
**Coffee County Extension, 1331 McArthur Street, Manchester, TN 37355**

**OR**

**Franklin County Extension, 330 Joyce Lane, Winchester, TN 37398**

Master Gardeners frequently interact with children. A check against the Sexual Offenders registry is required by the University of Tennessee for all volunteers working with children. Please note that a separate Background Disclosure Form must be completed before acceptance to the Master Gardener program.

**Please do not send payment with this application.** Payment of the \$150 training fee may be made after you receive notification your application has been approved and accepted. The fee includes all educational materials.

**SCHOLARSHIPS:** There are a limited number of scholarships available for this program. If you have a financial need that would otherwise prevent you from taking part in this program, please attach a one or two page letter explaining your need and how this program will enable you to benefit others through gardening. Scholarship recipients are required to maintain active membership in the Crimson Clover Master Gardener association for two years. Membership fee is waived the first year but is the responsibility of the recipient in subsequent years.

## 2019 Crimson Clover Master Gardener

All Classes will be held at the University of Tennessee Space Institute.

Classes will be 6 pm—8 pm

<u>Date</u>	<u>Class Topic</u>	<u>Instructor (s)</u>
Tuesday, May 14 6pm—8pm	<b>Informational Meeting</b> <i>Pictures will be taken!</i>	Morgan Franklin, Franklin County Extension Agent Anna Duncan, Coffee County Extension Agent
Tuesday, September 3	<b>Introductions</b>	Dr. Natalie Bumgarner, TN Extension Master Gardener Coordinator
Thursday, September 5	<b>Volunteerism</b>	Melody Rose, Greene County Extension Agent
Tuesday, September 10	<b>Soil Health</b>	Allen Willmore, Coffee County NRCS
Thursday, September 12	<b>Compost and Soil Amendments</b>	Bob Ary, Sumner County Extension Agent
Tuesday, September 17	<b>Basics of Botany</b>	Becky Fox Matthews, Davidson County Master
TBA	<b>Plant Walk</b>	TBA
Tuesday, September 24	<b>Garden Structures</b>	Morgan Franklin, Franklin County Extension Agent Anna Duncan, Coffee County Extension Agent
Thursday, September 26	<b>Coffee County Fair</b>	TBA
Tuesday, October 1	<b>Turf and Lawn Care</b>	Jason Garrett, Overton County Extension Agent
Thursday, October 3	<b>Sustainable and Edible Landscapes</b>	Dr. Andrea Ludwig, Extension Specialist
Tuesday, October 8	<b>Landscape Design</b>	Josiah Lockard, Arborist
Thursday, October 10	<b>TBA</b>	TBA
Tuesday, October 15	<b>Weed Science</b>	Greg Breeden, Extension Specialist
Thursday, October 17	<b>Tools of the Trade</b>	Mitchell Mote, Rutherford County Extension Agent
Tuesday, October 22	<b>Vegetable Gardening Basics</b>	Lucas Holman, Wilson County Extension Agent
Thursday, October 24	<b>Fruit Gardening Basics</b>	Rachel Painter, Rutherford County Extension Agent Anna Duncan, Coffee County Extension Agent
Thursday, October 29	<b>Plant Pathology</b>	Dr. Alan Windham, Extension Specialist
Tuesday, November 5	<b>Entomology</b>	David Cook, Davidson County Extension Agent
Thursday, November 7	<b>Wildlife Management</b>	John Ferrell, Franklin County Extension Agent
Tuesday, November 12	<b>Forestry</b>	Larry Tankersley, Extension Specialist
Thursday, November 14	<b>Herbs and Propagation</b> <b>Review</b>	Morgan Franklin, Franklin County Extension Agent Anna Duncan, Coffee County Extension Agent
Thursday, November 21	<b>Pruning</b>	Josiah Lockard, Arborist
Tuesday, November 26	<b>Exam</b>	Morgan Franklin, Franklin County Extension Agent Anna Duncan, Coffee County Extension Agent

# 2019 MASTER GARDENER APPLICATION

## HORTICULTURE QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Name; (for badge) \_\_\_\_\_

WHY DO YOU WISH TO BECOME A MASTER GARDENER VOLUNTEER? WHAT DO YOU EXPECT FROM THE PROGRAM?

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YEARS OF GARDENING EXPERIENCE (PERSONAL OR WORK RELATED) \_\_\_\_\_

PLEASE SHARE ANY SPECIAL SKILLS / TRAINING/VOLUNTEER EXPERIENCE THAT YOU FEEL WOULD BE HELPFUL TO YOU AS A MASTER GARDENER (E.G. HORTICULTURAL CLASSES, TRAINING, ETC.)

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WHICH OF THE FOLLOWING DO YOU CONSIDER TO BE YOUR AREAS OF KNOWLEDGE ? CHECK ALL THAT APPLY.

<input type="checkbox"/> Vegetable Gardening	<input type="checkbox"/> Lawns & Turfgrass	<input type="checkbox"/> Flower Gardening
<input type="checkbox"/> Community Gardens	<input type="checkbox"/> Herb Gardening	<input type="checkbox"/> Landscape Design
<input type="checkbox"/> Trees/ Shrubs	<input type="checkbox"/> Water Conservation	<input type="checkbox"/> Native Plants
<input type="checkbox"/> Diseases/ Insects	<input type="checkbox"/> Wildlife Gardens	<input type="checkbox"/> Houseplants
<input type="checkbox"/> Ornamental Ponds	Other _____	

TRAINING AND EDUCATION COMPLETED:

<input type="checkbox"/> High School	<input type="checkbox"/> Graduate Degree Program(s)
<input type="checkbox"/> 2 Yr. Community College	<input type="checkbox"/> Technical / Trade School
<input type="checkbox"/> 4 Yr. College	<input type="checkbox"/> Horticultural Degrees, Certification, or Training

DO YOU HAVE A HEALTH, MEDICAL, OR DIETARY CONDITION THAT NEEDS ACCOMMODATION FOR TRAINING? PLEASE EXPLAIN:

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ARE YOU ABLE TO SPEAK OR WRITE A LANGUAGE OTHER THAN ENGLISH? (INCLUDING AMERICAN SIGN LANGUAGE)

PLEASE LIST: \_\_\_\_\_

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF REQUIRED INFORMATION ON ANY APPLICATION MATERIALS MAY DISQUALIFY MY APPLICATION TO VOLUNTEER FOR THE UNIVERSITY OF TENNESSEE EXTENSION. I UNDERSTAND THAT I SERVE AT THE SATISFACTION OF THE UNIVERSITY OF TENNESSEE EXTENSION AND AGREE TO ABIDE BY THE POLICIES OF UT EXTENSION AND THE TENNESSEE MASTER GARDENER PROGRAM TO THE BEST OF MY ABILITIES.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# SECTION 1-TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire 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

\*Must present your Driver's License or a government issued photo ID with your application\*

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	Writing/publishing/proofreading
Photography	Web development
Newsletter	Artworks, graphics
Displays/exhibits	Marketing
Organizing programs/events	Research/data collection
Public Speaking	Typing/ Computer entry
Telephone/office work at county	Fundraising
Extension office	

*\*The following two sections should be completed by Level 2 and Level 3 volunteers only\**

## 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.	<hr/>			
	Name	Street Address	City/State/Zip	
	<hr/>			
	Day Phone Number	Evening Phone Number	Email Address	Relationship
2.	<hr/>			
	Name	Street Address	City/State/Zip	
	<hr/>			
	Day Phone Number	Evening Phone Number	Email Address	Relationship
3.	<hr/>			
	Name	Street Address	City/State/Zip	
	<hr/>			
	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).

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 acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

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

Applicant's 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