

Delaware Cooperative Extension



**Delaware Cooperative Extension
Master Gardener Volunteer Educator Training Application
Fall 2019**

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail (required) _____
(help is available to set up an email if needed, contact county coordinator)

Emergency Contact _____ phone _____

Please list any times you would NOT be available for training and/or volunteer work (work schedules, vacations, other commitments).

Training and Education Completed (check all that apply):

- _____ High School/Technical or Trade School
- _____ Associate degree
- _____ Bachelor's Degree
- _____ Master's/PhD
- _____ Horticulture degrees, certification, or training

Do you have First Aid or CPR certification? YES ___ NO ___

Were you ever a Cooperative Extension Volunteer? YES ___ NO ___

If answer to above is YES, please list where & when. _____

List horticulture and environmental classes, courses, work-related experiences and other training you have had, including approximate dates and institution or organization.

Activities and Skills

Tell us about your affiliation and volunteer experiences with any (other) horticultural and/or environmental organizations and garden clubs.

Are you, or have you ever been, employed in the horticultural industry? _____ If yes, briefly explain. _____

How long have you been gardening? Explain at least one way in which you get your hands “dirty.” _____

Which of the following do you consider areas of interest? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Vegetable Gardening | <input type="checkbox"/> Native Plants |
| <input type="checkbox"/> Woody Plants | <input type="checkbox"/> Perennial Plants |
| <input type="checkbox"/> Backyard Habitat | <input type="checkbox"/> Backyard Composting |
| <input type="checkbox"/> Lawns and Turfgrass | <input type="checkbox"/> Landscape Design |
| <input type="checkbox"/> Community Gardening | <input type="checkbox"/> Diseases/Insects |
| <input type="checkbox"/> Indoor Plants | <input type="checkbox"/> Specialty Plants (Rose, Orchid etc.) |
| <input type="checkbox"/> Landscape Maintenance (Planting techniques, Pruning, Proper Watering etc.) | |
| <input type="checkbox"/> Storm Water Management (Rain Barrels, Gardens, Permeable Pavers etc.) | |
| <input type="checkbox"/> Other _____ | |

Describe community volunteer experiences you have had with other organizations. Include any officer positions (and approximate dates) you have held with such groups.

What are your volunteer activity interests (check all that apply)?

- Responding to gardening questions over the phone and by e-mail
- Plant, disease and insect identification
- Adult education
- Youth education
- Education of individuals with physical limitations
- Public speaking
- Writing/Publicity
- Community events
- Photography, artwork, creating displays for events
- Research/data collection
- Demonstration and display gardens
- Provide on-site landscape expertise to homeowners
- Community Gardens/Urban Farms
- Administrative work including typing, filing and computer skills
- Carpentry/Handiwork
- Social Media (Twitter, You-Tube, Facebook, Blogging)

How did you learn of the Delaware Master Gardener Program? _____

Why do you wish to become a Master Gardener Volunteer Educator? In your response, you may explain, in general, why you would like to work as a Master Gardener, and/or why you think you would be interested in a particular area of outreach work (i.e. youth education, demonstration and display gardens, etc.). Attachments are encouraged.

If currently employed, list your current employer and position or if retired or currently not working, list prior occupation. _____

Are you, or have you ever been, employed in an educational setting working with either adults or children? _____

Other Information

Do you have a health or medical condition that we need to accommodate for training? _____
If so, please explain required accommodations. _____

Reference: Please list two non-family references that have knowledge of your skills, abilities and qualifications.

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

If accepted as a member of the 2019 Delaware Master Gardener training class and upon completion of the course of study, I agree to volunteer 40 hours and to gain an additional 5 hours of advanced training by November 1, 2020, in advancing the goals of home horticulture and environmental science education for the citizens of Delaware. All volunteer hours must be completed in the county in which trained.

I understand that I am expected to attend all of the training sessions held Mondays and Wednesdays from September 9 to November 25 2019. Training times are as follows:
Kent & Sussex County – 9:00am. to 12:30pm.

I also understand that the training fee must be paid by Friday, August 16 if I am accepted into the training class.

Acknowledgement

I authorize Delaware Cooperative Extension to contact my listed references. I understand and authorize that a criminal background check will be completed as part of the application process. I understand that I serve at the satisfaction of Delaware Cooperative Extension and agree to abide by the policies of University of Delaware, Delaware State University, Delaware Cooperative Extension, and the Delaware Master Gardener Program.

Signed: _____ Date: _____

Updated January 2019.

It is the policy of the Delaware Cooperative Extension System that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age or national origin.

Return Applications to:

Kent County – Megan Pleasanton, DSU Cooperative Extension, 1200 N DuPont Highway,
Dover, DE 19901

Sussex County – Tracy Wootten, UD Carvel Research & Education Center, 16483 County Seat Hwy,
Georgetown, DE 19947