



**To register**, please complete this application, the signed Memorandum of Agreement and the signed background consent form. Please mail these documents to: *University of Arizona Master Gardener Program, 4341 E. Broadway Rd., Phoenix, AZ 85040.* Your payment of \$275 (payable to **University of Arizona**) must be included with your application.

**Summer 2012 Master Gardener class**

July 10 – October 30, 2012 (Tuesdays)

9:30 a.m. – 12:30 p.m.

U of A Cooperative Extension, Maricopa County

4341 E Broadway Rd, Phoenix 85040

**Applications must be postmarked by: May 5, 2012**

Name (Please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

Preferred name (if different from above): \_\_\_\_\_

Please complete the following (attach a separate sheet if necessary):

Years of volunteer experience \_\_\_\_\_ List volunteer experience in working with the community: schools; churches; youth; senior citizens; hospitals; half-way houses; etc.

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Please list group affiliations: garden clubs; community gardens; plant societies; civic and professional organizations; etc.

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Years of gardening experience \_\_\_\_\_ Type of gardening experiences and related training. List any formal courses, certificates, or degrees you have in plant sciences or related sciences.

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**Application is continued on the second page.**

If you are requesting financial assistance, please check here.

You must submit all four pages to be considered.

Any questions? Please call (602) 827-8200 x311.

**For Office Use Only**

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

Check #: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_

Memo: \_\_\_\_\_

BGC: \_\_\_\_\_

Approved: Yes No

By: \_\_\_\_\_

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

Please list areas of interest or specialization related to gardening.  
(i.e. ornamentals, native plants, vegetables, herbs, cacti, succulents, fruit trees, roses, etc.)

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List any special skills you have which would be useful to the Master Gardener Program.  
(i.e. graphic design, illustration, journalism, public speaking, computers, photography, fund-raising, etc.)

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Please describe the types of volunteer projects in which you are interested.

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Why would you like to become a Master Gardener Volunteer?

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How did you hear about the Master Gardener Volunteer Program?

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**Upon submission of this application a criminal background check will be done.**

**I wish to become a University of Arizona Maricopa County Master Gardener volunteer. I understand that I will be expected to attend all training sessions and provide a minimum of twenty (20) hours of public educational service during the 17-week class session and an additional thirty (30) hours within one year of course completion. I further understand that my absence from more than three (3) class sessions will result in failure to complete the course. I understand that if I will be charged a \$50 non-refundable fee if I withdraw after my application is processed.**

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Signature

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Date

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Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Kirk A. Astroth, Interim Director, Cooperative Extension, College of Agriculture Life Sciences, The University of Arizona.

The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation in its programs and activities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Master Gardener program coordinator at (602) 827-8200 x311. Requests should be made as early as possible to allow time to arrange the accommodation.

# Memorandum of Agreement

The mission of the Maricopa County Master Gardener Program is to teach people to select, place and care for plants in an environmentally responsible manner based on research specific to the low desert.

The mission of the Arizona Cooperative Extension is to engage people through applied research and education to improve lives, families, communities and the environment in Arizona and beyond.

*This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.*

In the capacity of a Master Gardener volunteer, I understand and agree

- X to disseminate University of Arizona horticultural information to all who request it, without regard to sex, race, religion, color, national origin, age, Vietnam Era Veteran's status, or disability.
- X to only provide horticultural information endorsed and sanctioned by the University of Arizona and Maricopa County Cooperative Extension.
- X to comply with training, documentation, certification and re-certification requirements, as delineated in the Master Gardener Program Policy.
- X 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).
- X to refrain from using alcohol or drugs while participating in volunteer activities, volunteering while intoxicated, or possessing any weapons during volunteer activities.
- X to cooperate with and support staff members to jointly further our mission and the objectives of the Master Gardener Program.
- X to cultivate and uphold a trustful relationship with staff and volunteers, and consistently exhibit a professional manner to staff, volunteers, and the public
- X to use the title of Master Gardener as it is intended: to signify a highly trained individual actively volunteering with the Master Gardener program. I understand that my status as a Master Gardener and that the Master Gardener Program are subject to the complete discretion of the University of Arizona Cooperative Extension, and that I, as a volunteer in the program, may be reassigned and/or terminated at any time for any reason or for no reason.
- X that the Arizona Board of Regents will retain the copyright to all materials or intellectual property I may produce in my capacity as a Master Gardener volunteer.
- X to abide by the spirit of the above rules in order to maintain my status as a certified Master Gardener volunteer.

I further understand that the University of Arizona Cooperative Extension will

- X disseminate University of Arizona horticultural information to all who request it, without regard to sex, race, religion, color, national origin, age, Vietnam Era Veteran's status, or disability.
- X support the Master Gardener Program volunteers.
- X provide equipment, training, supervision and direction to volunteers.
- X communicate expectations and responsibilities of the program to the volunteers.
- X re-assign and/or terminate, if necessary, in its complete discretion, any volunteer.
- X uphold and cultivate a trustful relationship between staff and volunteers.

I have read and understand this memorandum of agreement, and the Master Gardener Program Policy, and further agree to abide by the conditions of this memorandum until it is revoked or revised.

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Name (please print)

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Signature

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Date

*Please retain a copy of this agreement and the Master Gardener Program Policy for future reference.*



### BACKGROUND CHECK/AUTHORIZATION CONSENT

During the application process and at any time during the tenure of my volunteer service with the University of Arizona Cooperative Extension, I hereby authorize ChoicePoint Services Inc., on behalf of The University of Arizona Cooperative Extension to procure a criminal background report. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies if ChoicePoint Services Inc. does not provide the required information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

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Volunteer Applicant's Signature Date

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Social Security Number \* Sex\* Date of Birth\*  
\*for identification purposes only

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Printed Name Driver License #/State Issued Expiration Date

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Street Address

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City, State, Zip