Spring 2016 Master Gardener Training
Jan 12 – May 10, 2016 (Tuesdays)
9:30 AM – 12:30 PM
Maricopa County Cooperative Extension
4341 East Broadway Road
Phoenix, Arizona 85040
Deadline: December 12, 2015

To Apply For The Upcoming Training Session:
Complete and sign all documents. All fields required.
Mail all documents including DCC, with tuition check to:
Master Gardener Program,
4341 E. Broadway Rd., Phoenix, AZ 85040 or,
Email all documents to: yvonnecooper@email.arizona.edu
and mail tuition check.
Tuition is $275. Make checks payable to:
The University of Arizona.

Full Name: ____________________________  ____________________________
First       (Please print legibly)       Last
Mailing Address: ____________________________
Telephone/Cell Phone: ____________________________
E-mail: ____________________________
Preferred name: ____________________________  (if different from above)

☐ Check if you are interested in applying for any available scholarships

I wish to become a University of Arizona Maricopa County Master Gardener volunteer. I understand to successfully complete this course, I am required to attend all training sessions, complete a final written exam and provide a minimum of twenty (20) hours of approved volunteer service during the 17-week class session. An additional thirty (30) hours of approved volunteer service must be completed within one (1) year of class graduation. My absence from more than three (3) class sessions will result in failure to complete the course. Thereafter, to remain an active Certified Master Gardener, I understand I must complete an additional 12 education hours and 20 volunteer hours annually. No refunds will be issued after the first class session.

Signature _______________________________________________________________________
Date __________

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Economic Development & Extension, College of Agriculture and 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) 827-8211. Requests should be made as early as possible to allow time to arrange the accommodation.

For Office Use Only
Appl Rcvd Date: ________  Check Rcvd Date: ________
Check#: ________  MOA: ________
Photo Release: ________  DCC: ________  Attend Orientation: Yes  No
Approved Date: ________
Please complete the following skill/interest check sheet, using a separate sheet as necessary. Please be very specific about your experience and skills. The Master Gardener Program is looking for Volunteers to continue its mission of teaching others responsible gardening and landscaping techniques in the low desert. No previous gardening experience is required. These skills will be taught through this session of classes.

1. Years of volunteer experience _____
2. List community volunteer experience
3. Describe the types of volunteer projects in which you are interested.
4. Years of gardening experience _____
5. Type of gardening experiences and related training. List any formal courses, certificates, or degrees you have in plant or related sciences.
6. How did you hear about the Master Gardener Volunteer Program?

7. **Garden Interests:**
   - ___ Annuals
   - ___ Perennials
   - ___ Cacti & Succulents
   - ___ Citrus
   - ___ Composting
   - ___ Design
   - ___ Edibles
   - ___ Horticultural Therapy
   - ___ Houseplants
   - ___ Insects
   - ___ Irrigation
   - ___ Low Water Use Xeriscape
   - ___ Pest Management
   - ___ Propagation
   - ___ Pruning
   - ___ Roses
   - ___ Soil
   - ___ Vegetables
   - ___ Water Gardens
   - ___ Weeds
   - ___ Wildflowers
   - ___ Wildlife
   - ___ Other__________________

8. **Volunteer Availability:**
   - ___ Weekday Day
   - ___ Weekday Evening
   - ___ Weekend Day
   - ___ Weekend Evening

9. **Current Organizations/Memberships:**
   - ___ Arizona Community Tree Council
   - ___ Arizona Gourd Society
   - ___ Arizona Herb Association
   - ___ Arizona Mushroom Club
   - ___ Arizona Native Plant Society
   - ___ Arizona Rare Fruit Growers
   - ___ Boyce Thompson Arboretum
   - ___ Central Arizona Cactus & Succulent Society
   - ___ Desert Botanical Garden
   - ___ Southwest Gourd Association
   - ___ Valley of the Sun Plumeria Society
   - ___ Valley Permaculture Alliance
   - ___ Other ____________________
10. **Art Skills:**
   ___ Photography
   ___ Graphic Design
   ___ Illustration
   ___ Video
   ___ Other

11. **Computer Skills:**
    ___ Adobe Acrobat Pro
    ___ Adobe InDesign
    ___ Adobe Illustrator
    ___ Adobe Photoshop
    ___ MS Word
    ___ MS Excel
    ___ MS Powerpoint
    ___ MS Publisher
    ___ Panapto
    ___ Prezi
    ___ Quark
    ___ Audio Production
    ___ Video Production
    ___ Web programming
    ___ WebLanguages

12. **Business Skills:**
    ___ Accounting
    ___ Advertising
    ___ Catering
    ___ Curriculum
    ___ Editing
    ___ Evaluation
    ___ Event Planning
    ___ Fundraising
    ___ Grant Writing
    ___ Legal
    ___ Marketing
    ___ Public Relations
    ___ Public Speaking
    ___ Research
    ___ Writing
    ___ Other

13. **Trade Skills:**
    ___ Carpentry
    ___ Construction
    ___ Electrical
    ___ Plumbing
    ___ Welding
    ___ Other
This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of our deep appreciation of your volunteer services and to confirm our commitment to do the very best we can to make your volunteer experience with the Master Gardener Program a productive and rewarding one.

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

- 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.
- to only provide horticultural information endorsed and sanctioned by the University of Arizona and Maricopa County Cooperative Extension.
- to comply with training, documentation, certification and re-certification requirements, as delineated in the Master Gardener Program Policy.
- 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).
- to refrain from using alcohol or drugs while participating in volunteer activities, volunteering while intoxicated, or possessing any weapons during volunteer activities.
- to cooperate with and support staff members to jointly further our mission and the objectives of the Master Gardener Program.
- to cultivate and uphold a trustful relationship with staff and volunteers, and consistently exhibit a professional manner to staff, volunteers, and the public.
- 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.
- 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.
- 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

- to represent the University of Arizona as a Designated Campus Colleague (DCC) with my submittance, and University acceptance of my completed DCC Agreement.
- 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.
- to support the Master Gardener Program volunteers.
- to provide equipment, training, supervision and direction to volunteers.
- to communicate expectations and responsibilities of the program to the volunteers.
- to re-assign and/or terminate, if necessary, in its complete discretion, any volunteer.
- to uphold and cultivate a trustful relationship between staff and volunteers.

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

Name (please print)  Signature  Date

Please retain a copy of this application and agreement for future reference.
I grant permission to The Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to tape, video and/or photograph me and record my voice and conversation including quotes, paraphrases, sounds, and any performance or participation in any event or project during my service as a Master Gardener volunteer. I also understand and agree that there will be no residual or any other type of payment, royalty or fee due in connection with such tapes, videos, podcasts, photographs, and recordings. For purpose of clarity, I expressly waive any and all moral rights I may have in connection with my appearance. I agree that The Arizona Board of Regents shall be the exclusive owner of all copyright and other rights in and to such taping, videos, photography and recording and will be able to use them forever and throughout the universe, and to license others to use them, in any manner and in any and all media now known or hereafter discovered or developed along with any incidental uses in connection with the merchandising and promotion of The University of Arizona and its departments, and related products.

I further agree that The Arizona Board of Regents may license others to use the tapes, videos, podcasts, photographs and recordings or any excerpts thereof, including my name, image, voice, likeness and any related or derivative versions of this content (including translation, foreign rights, serialization, syndication, photocopying, abridgement, adaptation, reprint, dramatization, and electronic recording and reproduction of any sort) in all media throughout the universe for any purpose.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to libel, false light, invasion of privacy, rights of publicity, any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Name (please print)   Signature   Date

Email   Telephone number   Mobile Number

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Designated Campus Colleague Worksheet
Please use this worksheet to prepare data about the individual and related DCC activities or functions to be performed.

*For additional information please visit www.hr.arizona.edu/dcc

*A list of DCC types is available on the Systems Control Website.

Transaction Number (office use):

<table>
<thead>
<tr>
<th>DCC Information (sections 1-9 to be completed by volunteer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please return DCC to Staff</td>
</tr>
<tr>
<td>DCC Type: Click here for DCC Type</td>
</tr>
<tr>
<td>Start Date (MM/DD/YYYY):</td>
</tr>
<tr>
<td>Expiration Date (MM/DD/YYYY):</td>
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</table>

<table>
<thead>
<tr>
<th>Person Information</th>
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<tbody>
<tr>
<td>(Legal) Last Name:</td>
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<tr>
<td>First Name:</td>
</tr>
<tr>
<td>EmplID (if known):</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YYYY):</td>
</tr>
<tr>
<td>Other Names Used (if any):</td>
</tr>
<tr>
<td>Home Phone: ( )</td>
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<tr>
<td>Cell: ( )</td>
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<tr>
<td>Gender: (Check one) ☐ M ☐ F</td>
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<tr>
<td>Personal Email:</td>
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</table>

Mailing Address:

1) Are you a minor (under age 18)?
   (Check one): ☐ Yes ☐ No
   (MINORS ARE DEFINED AS INDIVIDUALS UNDER 18 YEARS OF AGE, IN ACCORDANCE WITH THE STATE OF ARIZONA CHILD LABOR LAWS ARS 23-232)

2) Have you previously:
   ☐ Worked for the UA? ☐ Yes ☐ No
3) ☐ Held a UA no-salary or DCC appointment? ☐ Yes ☐ No
4) ☐ Enrolled as a UA student? ☐ Yes ☐ No

5) Are you a US Citizen or Permanent Resident? ☐ Yes ☐ No

Visa Permit Data (complete if answer to citizenship question is “No”)

6) Citizen/Passport Country:                                   |
   Visa type:                                                  |
   Visa Status Date (MM/DD/YYYY):                               |
   Visa Exp. Date (MM/DD/YYYY):                                 |

Duties/Services Performed

7) Are you collaborating or performing services in the US? ☐ Yes ☐ No
8) Are you collaborating on research activities with UA faculty or research scientist? ☐ Yes ☐ No
9) Brief (under 250 characters) description of duties:

<table>
<thead>
<tr>
<th>Sponsor/DCC Building Information (to be completed by UA employee)</th>
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</thead>
<tbody>
<tr>
<td>Sponsor’s Last Name:</td>
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<tr>
<td>Sponsor’s First Name:</td>
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<tr>
<td>Sponsor’s EmplID:</td>
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<tr>
<td>Affiliate Institution:</td>
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<tr>
<td>Average weekly hours (whole numbers only please):</td>
</tr>
<tr>
<td>UA title (Affiliate and Associates only):</td>
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<tr>
<td>Building:</td>
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<tr>
<td>Room:</td>
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<tr>
<td>UA Directory Phone:</td>
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</tbody>
</table>

Security Sensitive Functions - (For additional information please visit http://policy.arizona.edu/pre-employment-screening )

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10) Significant financial oversight responsibilities?</td>
<td>X</td>
<td></td>
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<tr>
<td>11) Unsupervised contact with minors who are not enrolled students of the University?</td>
<td>X</td>
<td></td>
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<tr>
<td>12) Unrestricted access to residence hall rooms?</td>
<td>X</td>
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<tr>
<td>13) Role designated by Dean or Vice President as “security or safety sensitive”?</td>
<td>X</td>
<td></td>
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<tr>
<td>14) Driving on university business in UA, rented, or personal vehicles?</td>
<td>X</td>
<td></td>
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</tbody>
</table>

Import/Export - (For additional information please visit http://orcr.vpr.arizona.edu/export-control )

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>15) Access to ITAR Controlled data, technology, materials information, software or equipment?</td>
<td></td>
<td></td>
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<tr>
<td>16) Access to EAR Controlled technology or encryption software code?</td>
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</table>
**Designated Campus Colleague Worksheet**

Please use this worksheet to prepare data about the individual and related DCC activities or functions to be performed.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>a. Has restrictions on the release of certain project information?</td>
<td></td>
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<tr>
<td>(Import/Export - continued)</td>
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<tr>
<td>b. Has a publication or access and dissemination restriction?</td>
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<tr>
<td>c. Has a military connotation or end-use?</td>
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<tr>
<td>d. Is sponsored by a defense agency?</td>
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<td>e. Is related to space, missile technology, or biological/chemical weapons?</td>
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<tr>
<td>f. Requires foreign national approval by sponsor or no foreign nationals are allowed?</td>
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<td>g. Involved in a project that has a technology control plan in place?</td>
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<tr>
<td>h. Do you have a reason to believe the individual will need an export license?</td>
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</table>

**Specialized Training Required - (For additional information please visit [http://risk.arizona.edu/training/index.shtml](http://risk.arizona.edu/training/index.shtml))**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>17) Working in a laboratory setting with any of the following:</td>
<td></td>
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<tr>
<td>a. Bloodborne pathogens or other biological materials?</td>
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<td>b. Radioactive materials?</td>
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<tr>
<td>c. Lasers or other non-ionizing radiation?</td>
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<tr>
<td>d. Hazardous Chemicals</td>
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<tr>
<td>18) Working in a non-laboratory setting with chemical or biological materials?</td>
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<td>19) Handling animals (living or deceased), animal tissues, fluids, or waste byproducts in a research setting.</td>
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<td>20) Performing work that requires protective equipment including respiratory and hearing protection?</td>
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</table>

**College of Medicine - (For additional information please visit [http://ahsc.arizona.edu/contracting](http://ahsc.arizona.edu/contracting))**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>21) Participating in clinical teaching of medical students or residents?</td>
<td></td>
<td></td>
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<tr>
<td>If Yes, complete next question</td>
<td></td>
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<tr>
<td>a. Signed a preceptorship agreement through contracting office or associated with an institution that has an executed preceptor agreement on behalf of clinicians?</td>
<td></td>
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</tr>
</tbody>
</table>

**Required Attachments**

For Affiliates: CV, Affiliate Verification Form

For Associates: CV

For Grad Committee Members: CV or other rationale

If Yes to #2: Copy of Visa Documents (do not attach—Please forward to Systems Control)

Faculty: ___________________________ Date Completed: ___/___/____

DCC: ___________________________ Date Completed: ___/___/____