The University of Arizona Cooperative Extension
Master Gardener Volunteer Application

To register, please complete this application, the signed Memorandum of Agreement and the signed background consent form. Please mail these documents along with a check for $275 (payable to University of Arizona) to:
Master Gardener Volunteer Program, Attn: Kristen Wagner, 4341 E. Broadway Rd., Phoenix, AZ 85040-8807

Please check preferred location and class dates:

☐ Spring 2009 Session
  Canyon Ridge Elementary School
  17359 W. Surprise Farms Loop N, Surprise
  January 13 – May 5, 2008 (Tuesdays)
  6:30 a.m. – 9:30 p.m.
  Application Deadline: December 13, 2008

☐ Summer 2009 Session
  U of A Cooperative Extension, Maricopa County
  4341 E Broadway Rd, Phoenix
  July 7 – October 27, 2009 (Tuesdays)
  9:30 a.m. – 12:30 p.m.
  Application Deadline: May 31, 2009

Name (Please print): ____________________________________________
Address: _____________________________________________________
City: ______________________ State: _____ ZIP: _______________
Telephone: ______________________ Alt. Phone: __________________
E-mail: _______________________________________________________

Preferred name: ______________________________________________

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 back of this sheet. If you are requesting financial assistance, please check here. ☐
Please list areas of interest or specialization related to gardening.  
(i.e. ornamentals, native plants, vegetables, herbs, cacti, succulents, fruit trees, roses, etc.)

________________________________________________________________________________________

________________________________________________________________________________________

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 fifty (50) hours of public educational service 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.

Signature: ____________________________
Memorandum of Agreement

The mission of the Arizona Cooperative Extension is to provide educational leadership impacting critical social, economic, agricultural and environmental issues.

The mission of the Master Gardener Program is to provide horticulture information and training to the gardening public, based on University of Arizona research specific to low desert climate, soils, and plant materials.

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:

- 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:

- 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.
- support the Master Gardener Program volunteers.
- provide equipment, training, supervision and direction to volunteers.
- communicate expectations and responsibilities of the program to the volunteers.
- re-assign and/or terminate, if necessary, in its complete discretion, any volunteer.
- 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.

Name (please print) ______________________________
Signature ______________________________ Date ______

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

Form Updated 04/26/05
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.

Volunteer Applicant’s Signature

Date

Social Security Number *

*for identification purposes only

Date of Birth*

Printed Name

Driver License #

Expiration Date

Street Address

City

State

Zip

Agent Responsible (office use only)

Revised 8/07