



Master Gardener
Meadowlark District

**APPLICATION MUST BE RETURNED
NO LATER THAN
FRIDAY, AUGUST 9TH, 2024**

Print Name _____ Date _____

K-State Research and Extension Meadowlark District
EXTENSION MASTER GARDENER VOLUNTEER PROGRAM APPLICATION

Who we are: The Meadowlark Extension Master Gardener program is an educational volunteer program supported by K-State Research and Extension, cooperating with Kansas State University and the United States Department of Agriculture. The program promotes accurate, up-to-date and research-based horticultural information to Kansans in their local communities.

Guidelines for Extension Master Gardener (EMG) Program Participation:

Program Eligibility

- Be one of the following:
 - a resident of Jefferson, Jackson, or Nemaha County
 - OR affiliated with the Prairie Band Potawatomi Nation, Iowa Tribe of Kansas & Nebraska, Kickapoo Tribe in Kansas, or the Sac & Fox Nation of Missouri in Kansas & Nebraska
 - OR live in a county adjacent to the Meadowlark District and agree to complete your volunteer service within either Jefferson, Jackson or Nemaha County
- Possess a passion for gardening
- Have a desire to improve your community
- Have a willingness to learn more about horticulture
- Have time to volunteer locally
- Enjoy sharing knowledge and skills with others

Program Commitment

- Complete the EMG Basic Training Course, scheduled Thursdays from 1-4pm CT via Zoom in September through December.
- Complete the 40 hours of volunteer work with Extension Agent-approved projects within one year following EMG Basic Training Course completion.
- Continuation as an EMG in good standing requires completion of 10 hours of Advanced EMG Training, and a minimum of 30 volunteer hours annually.

Note: Most EMG activities occur during weekday mornings, during the months of April through October. There are limited opportunities for afternoon, evening and weekend volunteering.

Personal Information

Name (Please Print) _____

Address _____ City, State, and Zip Code _____

Email _____ *Note: EMG communication occurs by email*

Home Phone _____ Cell Phone _____

Primary affiliation (check one)

- Jefferson County
- Jackson County
- Nemaha County
- Prairie Band Potawatomi Nation
- Iowa Tribe of Kansas & Nebraska
- Sac & Fox Nation of Missouri in Kansas & Nebraska
- Kickapoo Tribe in Kansas
- Other (specify):

Emergency Contact

Name _____ Emergency Phone _____

Relationship to you _____

Training Participation

EMG training takes place over Zoom on Thursdays, 1:00-4:00 PM Sept. to Dec. Participants are encouraged to attend the training by joining one of our watch parties. We understand you may have transportation or scheduling issues, and all Zoom sessions are recorded for later viewing.

How do you plan to attend the training?

- Join a Zoom watch party (please check the location you will join):
 - Oskaloosa Extension Office
 - Seneca Extension Office
 - Holton (location TBD)
 - Valley Falls Library
 - Prairie Band Potawatomi Nation, Firekeepers Elder Center
 - Iowa Tribe of Kansas & Nebraska (location TBD)
 - Sac & Fox Nation of Missouri in Kansas & Nebraska (location TBD)
 - Kickapoo Tribe in Kansas (location TBD)
- Join Zoom trainings on your own
- Watch recorded Zoom training sessions on your own time

Accommodations

Are there any accommodations that you need in order to participate in this course? (EX: Large print, video captions, audio recordings of print materials)

Application Questions

Please thoroughly answer the following questions to give reviewers an excellent picture of your desire to join the Extension Master Gardener volunteer program and your willingness to advance horticultural awareness, understanding and action in your community.

1. How did you hear about the Master Gardener Program?

2. Gardening Experience and Interests

Describe your garden experience and discuss any areas of garden specialization or interests that you have. Include any training, courses, or other horticultural education programs you have attended.

3. Non-Gardening Volunteer Activities

Discuss why you are interested in volunteering. What do you enjoy most about volunteering? What does volunteering satisfy within you? Describe a significant volunteer experience from your past.

Publicity Release (Check one of the boxes below)

- Yes, I authorize K-State Research and Extension or their assignees to record, video, and photograph my image and/or voice for use in research, educational, and promotional programs. I also recognize that these audio, video, and image recordings are the property of K-State Research and Extension.

- No, I do not authorize use of my individual image or voice.

Extension Participant Demographic Collection Form

K-State Extension programs are open to everyone. To ensure civil rights policy adherence, we are required to report program participant race and gender data to the United States Department of Agriculture (USDA). Only aggregated information (total numbers across all programs) about race and gender are reported to the USDA. Providing the following information is **voluntary** and will be maintained strictly for reporting purposes. These records are kept separately from mailing lists and other participant information. Thank you for taking the time to provide us with this information.

*Kansas State University Agricultural Experiment Station and Cooperative Extension Service
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Race (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or more races
- Choose not to provide

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Choose not to provide

Gender

- Male
- Female
- Non-Binary
- Choose not to provide

Age

- 18 – 29 years
- 30 – 59 years
- 60 – 75 years
- 76 years or older
- Choose not to provide

Please share anything else that is important for us to know about your identity.

In signing this document, I have read and agree to the Program Eligibility and Program Commitment requirements above, and I certify that all the provided information is correct to the best of my abilities.

Name (Please Print) _____

Signature _____ Date _____

Mail Completed Application to:

Meadowlark District - K-State Research and Extension
P.O. Box 326
100 E Washington
Oskaloosa, KS 66066-0326
Attention: Laura Phillips

Or Email to: Laura Phillips at lauraphillips@ksu.edu

Thank you

We appreciate your interest in the Meadowlark Extension Master Gardener Program and the effort you have put into your application. We will notify you of the outcome once the review process is complete. Thank you for your patience.

If you have any questions or concerns about the program, please contact Laura Phillips, at lauraphillips@ksu.edu or 785-230-4028 (call/text).

NOTICE: K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Program information may be available in languages other than English. Reasonable accommodations for persons with disabilities, including alternative means of communication (e.g., Braille, large print, audio tape, and American Sign Language) may be requested by contacting Laura Phillips prior to August 9th, 2024, at lauraphillips@ksu.edu or 785-230-4028. Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information, will be provided free of charge to limited English proficient individuals upon request.

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