

# Application – 2011

Full legal name: \_\_\_\_\_

Name you go by: \_\_\_\_\_

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

Home:

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Work:

(List only if you may receive personal calls/fax at work.)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Are you employed in the Green Industry?

No

Yes, if yes, what is your job?

\_\_\_\_\_

Check the box next to your application type:

**Colorado Master Gardener<sup>sm</sup> Volunteer**

To become a Colorado Master Gardener Volunteer, you must complete the following:

1. Apply to and be accepted into your local county/area CMG Program.
2. Course work: Satisfactorily complete the CMG training course with 80% minimum class attendance.
3. Volunteer Service: Continue the learning experience with 50 hours minimum volunteer service in the county/area CMG program.
4. Turn in reports

To apply as a volunteer in the *Colorado Master Gardener Program* submit a completed application form (including reference names) by the application deadline. **Do NOT send fees (\$200)**. You will be billed if selected for the program.

**Colorado Gardener Certificate Training** (non-volunteer)

- For individuals interested in the *Colorado Master Gardener* training course without a volunteer commitment (i.e., without becoming a *Colorado Master Gardener*), the class work is available for a higher fee in-lieu-of the return service.
- To receive the *Colorado Gardener Certificate*, participants must attend 80% minimum of the classes.

**To register for the Colorado Gardener Certificate training, complete the first page only and send with a \$550 check to cover class tuition AND program fees. Space is limited on a first pay basis.**

**Sections 1 to 7 must be completed for application to the Colorado Master Gardener Program.**

Only the first page is needed to register as a Colorado Gardener Certificate (non-volunteer) student.

**Section 1 – Gardening Experience**

1. How many years have you been actively gardening? \_\_\_\_\_
2. How many years have you been actively gardening in Colorado? \_\_\_\_\_

**Briefly answer the following questions on an attached sheet of paper.**

3. In one short paragraph, describe one of your gardening successes this past season.
4. In one short paragraph, describe one of your gardening challenges this past season.
5. Describe your areas of gardening expertise you can share with other gardeners.
6. Describe one, non-gardening related, skill that you are proficient in that you could share with the CMG organization.
7. List formal education or training you have had in the area of horticulture / home gardening.
8. Describe a major challenge faced by the gardening public in Colorado.

**Section 2 – Volunteer Experience**

**Briefly answer the following questions on an attached sheet of paper.**

9. Describe your experience in volunteer programs (4-H, schools, etc.)
10. Describe your experience in communications (public speaking, writing, teaching, etc.)
11. Describe your experience working with specific audiences (youth, disabled, senior citizens, etc.)

**Section 3 – Emergency Contact Information, Photo Release, and Residency**

12. Please provide emergency contact information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

13. **Photo release** – Occasionally CMG volunteers may be photographed in CMG activities for use in program documentation and marketing. Photographs may be used in newsletters, newspapers, on web sites and in other marketing and impact reports.

May we take your picture for program documentation and marketing purposes?

Yes     No

14. **Residency**

In what county do you reside? \_\_\_\_\_

Since the local CMG program is primarily supported by county tax dollars, priority is generally give to county residents. Volunteer work must be done for and in behalf of the county/area program for which you apply. Applications to multiple programs are not acceptable.

If you are applying to a program outside of your county/area of residency, please explain the situation?

\_\_\_\_\_  
\_\_\_\_\_

**Section 4 – Scheduling**

15. Indicate times you are generally available and not available for *Colorado Master Gardener* volunteer service by:

- Placing an **A** for times you are generally **available**, OR
- Placing an **N** for times you are generally **not available**, (for example, work schedule).

Note: This does not commit you to any specific date. It is used to help coordinators connect volunteers with projects.

	Daytime	Evenings
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

16. Please indicate the type of scheduling notice that fits your lifestyle: (This information helps program coordinators connect volunteers with projects.)

- I need to schedule activities well in advance of the event.
- I am available on short notice, 1-7 days.
- I am available some days for emergency fill-ins.

17. What is your availability for attending the CMG Training Course?

- No conflicts (available for all class sessions)
- Limited conflicts (may be late or leave early some days)
- Moderate conflicts (may miss 1-2 class sessions)
- Major conflicts (may miss more than 2 days)

**Section 5 – Volunteer Activity Interests**

18. *Colorado Master Gardeners* do a variety of educational outreach activities in the community. The list below includes examples of these activities. Please check three (only 3) areas that you find most appealing.

Note: this does not commit you to any specific project, dates or times. It is use to help coordinators connect volunteers with projects.

- \_\_\_ **Phone inquires**
- \_\_\_ **Diagnostic Clinic** at the CSU Extension Office – assisting walk-in clients with samples and questions
- \_\_\_ **Teach** adult garden-related classes
- \_\_\_ **Write** for local newspapers
- \_\_\_ **Electronic media** – respond to e-mail inquires and/or assist with web site development

**Informational Booths**

- \_\_\_ **Clinics** – staff informational and diagnostic clinics out in the community (for examples at garden stores) advising clients on gardening questions
- \_\_\_ **Fairs** – assist with county, or community fairs
- \_\_\_ **Farmers’ Market** – staff informational booth at local Farmers’ Markets

**Community Gardening and Greening**

- \_\_\_ Mentor a neighborhood group in community gardening/greening activities
- \_\_\_ Assist with planning, installation, and maintenance of a CMG demonstration garden or research plot
- \_\_\_ **Other projects** (please describe)

\_\_\_\_\_

## **Section 6 – CMG Commitment**

- I understand my acceptance into the *Colorado Master Gardener Program* commits me to 1) the “Colorado Master Gardener Training” and 2) fifty hours minimum community service in the CMG program during the CMG activity year (ending September 30<sup>th</sup>).
- If I do not complete the 50 hours minimum volunteer service by September 30<sup>th</sup>, I agree to reimburse the Colorado State University Extension for the course work at the rate of \$10 per each uncompleted hour, to a maximum of \$300.
- I understand that the titles “*Colorado Master Gardener*” and “*Colorado State Master Gardener*” maybe used only in conjunction with official Colorado State University Extension activities.
- I understand that as a CMG volunteer I may not give advice that could be considered by the client as legal or medical in nature. I understand that I may not discuss questions related to the following issues with clients: hazard trees (potential tree failure concerns), poisonous plants, medical use of herbs, pesticide toxicity, and the misuse of pesticides.
- In relation to pest management, I understand that it is the role of the CMG Program to provide clients with appropriate non-chemical and chemical alternatives; allowing the client to select methods in harmony with their values. Any reference to the use of organic and manufactured pesticides (insecticides, fungicides and herbicides) must come directly from Extension print materials. All inquires beyond the scope of Extension print materials will be referred to the Extension Agent.
- I agree to follow policies and procedures of the Colorado State University Extension, *Colorado Master Gardener Program*. I understand that services provided by CMG volunteers are for non-commercial home gardeners only.
- In applying to become a CMG volunteer, I understand that the decision to accept me or not accept me as a volunteer is the right of Colorado State University Extension. Reasons why I am or am not accepted will not be disclosed. I understand, that in many counties, more individuals apply than the program can accommodated.
- If selected as a volunteer, I understand that I serve at the request of the Colorado State University Extension and that the request can be withdrawn for any reason or no reason at any time.
- Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.
- The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of Colorado State University Extension.
- In signing this application, I affirm that the information I have given herein is true and correct.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

**Part two – Confidential Sections**

Name: \_\_\_\_\_

Note: This section of the application will be review only by CSU Extension staff.

**Section 7 – Reference and Background Information**

**18. Residence (for last 5 years)**

Dates: From: \_\_\_\_\_ To: present

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

\_\_\_\_\_  
City State Zip Code

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

**19. Background check**

a. Have you ever been convicted of a criminal offense?  No,  Yes (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

A criminal record will not necessarily bar an individual as a volunteer, but it will be considered as it relates to the specifics of the volunteer positions and activities.

b. Other than the above, is there any fact or circumstances involving you or your background that would call into question your suitability to serve as a volunteer working with other adults or youth?

No,  Yes (If yes, explain.)

\_\_\_\_\_  
\_\_\_\_\_

20. **References** – Please list three people who are familiar with your character as it relates to volunteer work and working with youth and people with special needs. (Do not include family members.) References should have known you for at least two (2) years. Each will be contacted by letter and asked to respond to a short questionnaire. All responses will be confidential.

Name	Complete Mailing Address	Phone Number

**Lawful Presence**

Under Colorado law (House Bill 1023), proof of lawful presence in the United States is required for reduced fees in state funded programs. This is done by completing this affidavit and showing an approved form of identification (listed below) to appropriate staff.

**AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a state benefit from Colorado State University. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a state benefit is fraudulently received.

Signature: \_\_\_\_\_

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

Individual's Social Security Number:  
\_\_\_\_\_

Individual's Full Legal Name (please print):  
\_\_\_\_\_

Office use only

**Approved forms of ID**

Check the form of ID used.  
(Note: no other forms of ID are acceptable)

- Colorado Driver's License**
- Colorado Identification Card issued by Department of Motor Vehicles
- United States military card
- United States military dependent identification card
- United States Coast Guard Merchant Mariner card
- Native American tribal document
- U. S. Passport
- Out-of-state driver's license

**Section 8 – OPTIONAL – Lower Income Scholarships**

The *Colorado Master Gardener Program* offers reduced fees scholarships based on household income, as outlined in the table below. Scholarships reduce the program fees by 50%. Scholarships are not available to students in the *Colorado Garden Certificate* enrollment option.)

I apply for a CMG Reduced Fee Scholarship, certifying that my gross monthly household income falls at or below the rate indicated in the table.

<u>Household Size</u>	<u>Maximum Gross Monthly Income</u>
1	\$1,600
2	\$2,150
3	\$2,700
4	\$3,200
5	\$3,800
6	\$4,300
7	\$4,900
8	\$5,480

Signature: \_\_\_\_\_

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