



UNIVERSITY OF MINNESOTA | EXTENSION

Extension Master Gardener Intern Application

Please return to:

Please complete all three sections of the application and return the completed application to the program coordinator or contact person for the county or local Extension Master Gardener program that you are applying to be a part of.

Section I

LAST NAME: _____

FIRST NAME: _____ Initial: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Name of County or local Master Gardener program that you are applying to be part of (not necessarily your county of residence):

PHONE: (day) _____ (evening) _____ (cell) _____

EMAIL ADDRESS: _____

(This email address will be used as the primary means of communication between you and the Master Gardener program.)

Gender: Male OR Female

Hispanic Ethnicity (check one if applicable): Hispanic or Latino OR Not Hispanic or Latino

Racial Groups (check all that apply):
 Black or African American White
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

Employer/Occupation: _____

How long have you worked at that position? _____

Section II

Please share information about the following:

1. List formal education or training you have had in the area of horticulture.

2. List experience you have in gardening (home gardening or in the horticulture industry)

3. List current or previous volunteer experience (lists dates, organizations and positions held).

4. List experience you have in communications (i.e. public speaking, teaching, writing, electronic communication, etc.).

5. List any experience you have working with diverse audiences (i.e. seniors, communities of color, special needs, children, etc.).

6. While Extension Master Gardener volunteer activities are available throughout the year, there is a peak activity period from mid-April to mid-July. Also, a majority of volunteer opportunities occur on weekends. Do you see any significant conflicts in being able to participate during this time period? Do you foresee any time constraints?

7. Many Extension Master Gardener volunteer activities require traveling. Do you have access to transportation?

Section III

Agreement of Understanding

I wish to become a University of Minnesota volunteer in the University of Minnesota Extension Master Gardener program and request acceptance into the training program. I understand that if accepted, I will become an Extension Master Gardener Intern. I will complete the required 48 hour Master Gardener Core Course (online, in-class or combination) and donate 50 hours of volunteer service through the county or local Master Gardener unit where I am accepted. I will complete the intern requirements by the end of the calendar year of my training, or a date agreed upon with the local coordinator. I understand that to qualify, my volunteer service must be completed in activities approved by the local program or state office. Upon successful completion of these intern requirements, I will become a certified University of Minnesota Extension Master Gardener. I understand that if I do not complete the required volunteer service by the designated date or choose not to continue in the program after completing the Core Course, I agree to reimburse the University of Minnesota Extension Master Gardener program \$300, or the difference between the volunteer and non-volunteer (ProHort) rates for the training.

To maintain certification, I understand that I must contribute a minimum of 25 hours of volunteer service and a minimum of 5 hours of continuing education each program year (calendar year unless specified by the local program). I agree to follow all University of Minnesota and Extension Master Gardener Program policies and guidelines, including the University of Minnesota Board of Regents code of conduct and Extension Master Gardener code of conduct described in the Extension Master Gardener Volunteer Manual. I understand that volunteering for the University of Minnesota is a privilege and that violation of policies or misconduct could lead to termination as an Extension Master Gardener volunteer. I understand that while serving as an Extension Master Gardener I represent University of Minnesota Extension and I will do so to the best of my ability.

Also, I do hereby consent and agree that University of Minnesota Extension and the Extension Master Gardener program may take photographs, video or audio clips of me and may use these for educational and promotional materials or web postings. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to the University of Minnesota and the Extension Master Gardener program the rights to exhibit this work publicly or privately. I waive all claims to compensation for the use of photos, video or audio clips of me.

I attest that I am at least 18 years of age, have read and understand the foregoing statement and full agreement of understanding above, and am competent to execute this agreement.

(electronic or handwritten signature)

(date)

Check if electronic signature:

My name entered above signifies my electronic signature

Revised 7/2015



University of Minnesota Extension shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.