



Visit our website at www.uri.edu/cels/ceoc to learn more about Extension Master Gardener and the other programs offered by Extension through the Outreach Center.

2010 URI Extension Master Gardener Program Application

I wish to become a University of Rhode Island Extension Master Gardener volunteer and request an interview and /or consideration for acceptance into the URI Master Gardener Certification Program beginning in Feb. 2010. I understand that if accepted into the URI Master Gardener Certification Program, I agree that I will contribute 50 hours of volunteer service by May 2011.

Please print or type clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ cell phone: _____ email: _____

1. I learned of this program: by calling the Hotline, met volunteers at an event, visited the website, other (please describe) _____

2. Why do you wish to be a URI Extension Master Gardener volunteer? _____

3. Please indicate your educational background. _____

4. Please list your gardening or other skills in which you are proficient. Ex. Teaching, Speaking, Garden Design, etc.

5. List at least 2 types of gardening about which you would like to develop expertise in order to educate others. _____

6. Please list any classes or courses related to gardening that you have taken in the last 2 years.

7. Please list any horticultural organization you currently belong to and any office you may hold.

8. Do you currently work in the green industry? Yes No If yes, please explain.

9. List current volunteer experience in your community: schools, seniors, youth, etc.

10. Please describe your gardening experience and interests.

11. Will you be available for at least one evening for 14 consecutive weeks from late January through April? YES NO

12. Do you agree to undergo a criminal background and drivers license check for which you will be required to submit your social security number? **Yes No** (*This process may be necessary especially when working with children. Failure to indicate either answer may invalidate the application.*)

URI Extension Volunteer Code of Conduct

Having signed this University of Rhode Island Extension Volunteer agreement, I accept responsibility to represent URI Extension with dignity and pride and to conduct myself as a positive role model for program participants. I will adhere to the following standards of behavior when engaged in assigned volunteer activities.

- * Respect and adhere to URI Extension rules, policies and guidelines that relate to volunteer activity and the program I serve.
- * Execute URI Extension business in an ethical manner.
- * Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and URI Extension internal affairs that have been entrusted to me.
- * Refrain from using my URI Extension volunteer status for personal or business financial gain.
- * Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- * Use my time wisely and work cooperatively with Extension staff and other volunteers.
- * Participate in required training programs and use the recommended policies and procedures.
- * Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- * Respect and uphold the rights and dignity of all staff, other volunteers and all individuals who participate in URI Extension programs recognizing that people's values, beliefs, customs and strengths differ.

- * Encourage participation of, and respect for, individuals of diverse backgrounds, cultures and perspectives.
- * Refrain from the use of alcohol, tobacco and inappropriate language.
- * Commit no illegal or abusive act.
- * Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

I have read, understand, and agree to uphold the code of conduct.

By accepting and signing this application form, URI Extension is granted permission to use and/or publish my photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

INSURANCE LIABILITY WAIVER

By accepting and signing this application I acknowledge that as a Master Gardener volunteer:

I am physically fit to do the work I intend to do as a URI MG volunteer and understand that neither the Kathleen M. Mallon Outreach Center nor the URI Master Gardener Association will provide health insurance or Worker's Compensation to URI Master Gardener volunteers

In the event that I, and/or the University, is sued I am covered for negligence by URI's liability policy while working on approved URI Master Gardener project/program or a Kathleen M. Mallon Outreach Center sponsored event.

Signature _____ Date _____

Please mail your completed application to Rosanne Sherry, Mallon Outreach Center, 3 East Alumni Avenue, Kingston, RI 02881 **APPLICATION DEADLINE IS NOVEMBER 1, 2009**

Once accepted, details about current year dates and registration fees will be sent.

Thank you for your interest in the URI Extension Master Gardener Volunteer program.



Office use only: Application received: _____ Payment: _____ Revised: 7.2.2009

Extension programs in Rhode Island are available to all without discrimination.