

2023 Palo Pinto County Master Gardener Intern Training Application

Please read carefully before checking:

- _____ I would like to become a Palo Pinto County Master Gardener and be trained by Texas A&M AgriLife Extension Service and associates through a series of online courses.
- _____ I understand that I will become a Master Gardener Intern when I complete all of the required training classes and pass the written exam.
- _____ I can attend all online trainings.
- _____ I understand that I must complete a background check.
- _____ I understand that in exchange for the training made possible through Texas A&M AgriLife Extension Service and to become a Certified Master Gardener in December 2024, I must volunteer 50 hours of community service to the Palo Pinto County Master Gardener Program from January 2024 to December 2024.
- _____ I understand that in subsequent years to remain a Certified Master Gardener, there are annual volunteer and continuing education commitments. (6 hours continuing education, 6 hours community, 6 hours Extension)
- _____ I understand that the primary role of a Master Gardener is to expand the capacity of Texas A&M AgriLife Extension Service to the public through educational efforts and development of community programs related to horticulture.
- _____ I agree to submit payment of **\$85.00 to Jason Westbrook** (for the cost of the Master Gardener Handbook) and **\$10.00 to Palo Pinto County 4-H** (for the volunteer screening fee) to the Extension office **on or before Friday, August 18, 2023.**

I, _____, the undersigned, hereby certify that the information given on this application is true and correct.

Signature

Date

Address

City/State/Zip

Phone(s)

E-mail

***Please return completed application, \$85.00 cash or check made out to Jason Westbrook for the handbook, and \$10.00 cash or check to Palo Pinto County 4-H for volunteer screening fee by Friday, August 18, 2023 to:**

Palo Pinto County Extension Office

Physical Address: 221 S. 5th Ave.

Palo Pinto, Texas 76484

940-659-1228

Please complete the following:

Years of gardening experience: _____

Type of gardening experience and related training: _____

Number of years living in Palo Pinto County: _____ Are you a year round resident of Palo Pinto County?: _____ If not, please explain: _____

List areas of specialization or hobbies (i.e., Flowers, vegetables, ornamentals, houseplants, community gardening, fruit trees, computer, woodwork, leadership skills, organizational skills, writing, photography, artwork, newsletter writing, public speaking, languages, etc.):

List previous volunteer experience: _____

Please list group affiliations (i.e., Garden clubs, community gardens, plant societies, etc. and note if offices held): _____

Do you have experience with children, seniors or the disabled? _____

How did you learn of the Master Gardener Program? _____

Have you applied to the Master Gardener Program before? _____

If so, where? _____

What is your motivation to become a Master Gardener? _____

If employed, what is your current employment status?

Employed _____ If so, where? _____
(Business name, address, & phone number)

Full Time _____ Part Time _____ Hours Worked _____

Seeking employment _____ Full Time _____ Part Time _____

Retired _____

Are there times during a week that you may be available for volunteer work? (please check ✓)

	(8a.m-Noon) <u>Morning</u>	(Noon-5p.m.) <u>Afternoon</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Please list any known times you will be unavailable for the online classes in 2023 and volunteer service in 2024 (i.e., a vacation/trip planned, etc.):

Becoming a Master Gardener is important to me because:

0 - Not Important

5 - Most Important

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 1. | I will be able to increase my knowledge of gardening: | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | I will be able to gain new skills as a gardener: | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. | I will have the opportunity to receive useful training: | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | I will be able to provide a service to other people in my community and/or neighborhood: | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | I will have the opportunity to share my knowledge with other gardeners: | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | I will gain a great deal of personal satisfaction: | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. | I will be able to creatively use my free time: | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | I will be certified by Texas A&M AgriLife Extension Service: | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | I will receive quality instructions and materials: | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | I will gain gardening experience that can help me get a job: | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. | I will be recognized by people in my community: | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. | I can get a tax credit for my volunteer work: | 0 | 1 | 2 | 3 | 4 | 5 |

**Texas A&M AgriLife Extension Service
Volunteer Release**

I, _____, volunteer to serve as a Palo Pinto County Master Gardener for Texas A&M AgriLife Extension Service.

As a volunteer, I agree to perform to the best of my ability, the tasks established by my supervisor; to report to work on time, when scheduled, and if unable to report I will call my supervisor; to accept supervision; to maintain confidentiality; to observe the same rules and policies as paid staff; to strive to help the Palo Pinto County Master Gardener Association and Texas A&M AgriLife Extension Service obtain its goals and objectives; and to give my organization adequate notice before terminating as a volunteer.

As a volunteer, I understand that Texas A&M AgriLife Extension Service, the Palo Pinto County Master Gardener Association and Texas A&M University do not provide volunteers with employee benefits, accident insurance, death benefits, compensation for lost time due to injury; nor do the above agencies carry general liability insurance covering volunteers.

As a volunteer, I understand that I will be provided adequate work space when and where applicable and that ongoing supervision, evaluation, and training are an important part of the program.

Signed: _____ Date: _____
(Volunteer)