**APPLICATION MUST BE RETURNED NO LATER THAN
AUGUST 15TH**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FRONTIER DISTRICT
2025 EXTENSION MASTER GARDENER VOLUNTEER PROGRAM APPLICATION
K-State Research and Extension

**Who we are:** The Frontier District 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, research-based horticultural information to Kansans in their local communities.

**Guidelines for Extension Master Gardener (EMG) Program Participation:**

**Program Eligibility**

* Be a Frontier District resident (Franklin, Osage, or Anderson County), or agree to repay your commitment to volunteer service within the Frontier District
* Have a high school diploma or equivalent
* Possess a passion for gardening
* Have a desire to improve your community
* Have a willingness to learn more about horticulture
* Have an interest in joining a worthy and fun organization
* Have time to volunteer locally (40 hours a year)
* Enjoy sharing knowledge and skills with others

**Program Commitment**

* After your application is accepted, you will be asked to complete volunteer screening and a background check at some point during basic training.
* Complete the EMG Basic Training Course, scheduled Thursdays from 1-4 pm CT via Zoom in September through December.
	+ An in-person welcome meeting will be held for those accepted before the start of the course. The date, time, and location have not yet been determined. If accepted, Lauren Gammill, the Frontier District’s Horticulture and Natural Resources agent, will contact you with details regarding this meeting.
* 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 20 volunteer hours annually, but 40 are needed the first year in the program

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.

I have read and agree to the Program Eligibility and Program Commitment requirements above in signing this document.

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.*

Check any area(s) of horticultural specialization or experience:

\_\_Annuals Flowers \_\_Composting \_\_Entomology (Insects) \_\_Fruit

\_\_Herbs \_\_House Plants \_\_Landscaping \_\_Lawn Care
\_\_Perennials \_\_Pollinators \_\_Soils \_\_Trees/Shrubs
\_\_Vegetables \_\_Water Gardening \_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Occupation and Passions**

*What is your employment status, and how may that impact your ability to complete 40 hours of volunteer work this year? What is anything else you are passionate about that you would like to share?*

**4. 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.*

Check any area(s) of specialization or experience that you would like to share as an EMG volunteer:

\_\_Art or Drawing \_\_Bookkeeping \_\_Computers \_\_Creative Writing
\_\_Education Adult/Youth \_\_Event Planning \_\_Grant Writing \_\_Photography
\_\_Public Speaking \_\_Social Media \_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Role as an Extension Master Gardener Volunteer**

Please indicate your interest in participating in each EMG volunteer project listed below by rating your interest in each topic. Some activities require physical work or interaction with the public, while others concentrate on planning and administrative tasks. All activities are vital to the success of the EMG organization in fulfilling the Extension mission to the community.

Indicate **1** (very interested)**, 2** (somewhat interested)**,** or **3** (minimal interest) by each activity:

 \_\_\_ Youth programs/gardens: Teach youth to garden and work at events designed to increase youth awareness and active interest in gardening (4-H, after school, K-12).

\_\_\_ Work in a local garden: Help to design, plant, and maintain public demonstration gardens.

\_\_\_ Work at a community garden: This could include administration, teaching, and outreach to gardeners.

\_\_\_ Work the Response Line: Supply research-based responses to telephone, walk-in, and email questions.

\_\_\_ Educational outreach: Staff an educational table or booth at a local event.

\_\_\_ Newsletter: Take pictures for or write an educational article for our monthly newsletter.

\_\_\_ Publicity: Plan and execute the promotion of EMG services, events, and activities.

\_\_\_ Present a gardening topic: For local groups and organizations.

\_\_\_ Scientific trials or studies: Grow new plant varieties and share data with others.

\_\_\_ Serve on a committee: Plan an EMG event like the Garden Tour or Garden Fair.

\_\_\_ Work at an EMG event: Like the Garden Tour or Garden Fair.

\_\_\_ Provide hospitality: Bake, host, or decorate for an EMG event.

\_\_\_ Develop educational materials: Plan, design, and construct displays, exhibits, handouts, or brochures to support EMG activities.

**Agreement & Code of Conduct**
**While volunteering as a Frontier District Extension Master Gardener (EMG):**

1. I will work within the Extension Master Gardener Program. As an EMG volunteer, I am accountable to the local staff, the local Extension unit, K-State Research and Extension, and Kansas State University for my actions.
2. I will work as a "team player" for the good of the EMG program. I will work cooperatively with clients, other volunteers, and Extension staff. I will treat them with respect.
3. I will not endorse products or services in my role as an EMG.
4. I will not participate in the EMG program for personal financial gain.
5. I will communicate gardening advice based on research-based information from K-State or other Extension approved sources, including use of pesticides or other chemicals.
6. I will complete the required volunteer and training hours on an annual basis to maintain active status.
7. I will participate in meetings, self-study, or other training programs that will help me work more effectively with young people and adults.

**Code of Conduct**

1. I will honor my volunteer commitment.
2. I will follow established guidelines for keeping financial records and handling EMG funds.
3. I will make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an equal opportunity provider and employer, committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reason.
4. I will provide a safe environment for all. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
5. I will not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, while on the Extension grounds, or while representing the EMG program to the general public. I will not allow youth to do so while under my supervision.
6. I will operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I will have a valid driver's license and the legally required insurance coverage.
7. I will role model the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.
8. I will use technology and social media in safe and appropriate ways for the enhancement and promotion of the EMG program.
9. I will obey the laws of the locality, state and nation, and comply with the policies, rules and regulations of K-State Research and Extension, Frontier District Extension Council and EMG program.

In signing this document, I apply to be an EMG with the local Extension Unit and the Kansas Extension Master Gardener program.

* I have read and agree to abide by the Volunteer Agreement and Code of Conduct above. I agree to comply with the policies, rules, and regulations of the Extension Master Gardener program and local Extension Unit.
* As an EMG volunteer, I will serve at the request of K-State Research and Extension – Frontier District and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*EMG communication occurs mainly by email\*

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 the 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
K-State Research and Extension is an equal opportunity provider and employer. Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture cooperating.*

**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

**Kansas State University Agriculture Experiment Station and Cooperative Extension Service**

K-State Research and Extension is committed to making its services, activities, and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, please contact Frontier District Extension at (785) 229-3520. K-State Research and Extension is an equal opportunity provider and employer.

**Mail Completed Application to:**
Frontier District- K-State Research and Extension

1418 S. Main Street, Suite 2

Ottawa, KS 66067
Attention: Lauren Gammill

 **Or Email to:** laurengammill@ksu.edu

**Thank you for your interest**

We appreciate your interest in the Frontier District 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 accepted, there is a participation fee of $50 to cover the cost of training and other EMG expenses. An additional $45 can be charged if you want a hard copy of the training manual.**

For questions, please contact Lauren Gammill at (785) 229-3523 or at laurengammill@ksu.edu