



# Sumter County Master Gardener Application

Please return the completed Application to: Donna Lester, 7620 SR 471, St. 2, Bushnell, FL 33513-8716

## Section I

(Please print or type)

Application Due Date: July 15

Name: Mr/Mrs/Ms \_\_\_\_\_ Prefer to be called \_\_\_\_\_  
(First) (Middle Initial) (Last)

Mailing Address \_\_\_\_\_  
(Street, P.O. Box, Route, Apt #) (City) (State) (Zip)

Residence \_\_\_\_\_  
(Physical location if different than mailing address)

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Evening (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_) \_\_\_\_\_ (Evening)  
Cell (\_\_\_\_) \_\_\_\_\_

## Section II

How did you hear about the Sumter County Master Gardener Program? \_\_\_\_\_

Have you applied for the Master Gardener training before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ and where? \_\_\_\_\_

Please list any training and/or practical experience you have in gardening, horticulture, farming, or related fields:

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Why do you want to be a volunteer of the Florida Master Gardener Program? \_\_\_\_\_

\_\_\_\_\_  
Please list any volunteer work you have done. \_\_\_\_\_

\_\_\_\_\_  
What skills or expertise could you provide to the Master Gardener Program? \_\_\_\_\_

\_\_\_\_\_  
**List work experience during the past five years, with the most recent experiences first.**

Employer	Position Title	City/State	Years

**Please list three references, not related to you.**

<b>Name</b>	<b>Address, City, State, Zip</b>	
<b>Telephone Number</b>	<b>Email Address</b>	<b>Relationship</b>
<b>Name</b>	<b>Address, City, State, Zip</b>	
<b>Telephone Number</b>	<b>Email Address</b>	<b>Relationship</b>
<b>Name</b>	<b>Address, City, State, Zip</b>	
<b>Telephone Number</b>	<b>Email Address</b>	<b>Relationship</b>

Have you ever pled no contest or guilty to a criminal offense or have you been convicted and/or had adjudication withheld for a criminal offense within the past seven years?

If yes, explain:

Have you ever pled no contest or guilty to a criminal offense or have you been convicted and/or had adjudication withheld for a criminal offense involving a minor (including a deferred imposition of sentence?)

If yes, explain:

*Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.*

### Section III Acknowledgement

I, \_\_\_\_\_ (*print name*) wish to become an UF/IFAS Florida Master Gardener in Sumter County and would like to be accepted into the training program beginning on August 31, 2018. I understand that, if accepted, I must successfully complete the course of instruction, and I agree to:

- 1) Donate 75 total hours of volunteer time in the following project areas:
  - 30 hours in the FFL Demonstration Garden at the UF/IFAS Extension Office in Bushnell
  - 12 hours in Ask the Master Gardener Plant Clinics
  - 4 hours in the Youth Garden in Bushnell
  - 4 hours at a UF/IFAS MG Info Booth or Event
  - Participation in both UF/IFAS Fundraising Events (Spring and Fall)
  - The remaining hours in other areas of Extension programming of my choice
- 2) Attend 12 hours of continuing education within one year following completion of the training course and final examination.
- 3) Successfully pass the final examination at the end of the training course with a score of 80% or higher.
- 4) Receive certification in the Green Industries Best Management Practices (GI-BMP) program within one year of training period.
- 5) Complete a designated project by the end of the training course. Projects will be assigned by the Coordinator in September.
- 6) I understand that a background check is required for participation as a volunteer of the Florida Master Gardener Program.

I have read and understand the application.

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

**UF/IFAS Extension programs are open to all persons without regard to race, color, sex, age, disability, religion, or national origin.**

## INTERESTS & SKILLS QUESTIONNAIRE

Master Gardeners have many diverse skills which together benefit the program and the community. Please identify your interests and skills below and indicate the context in which they have developed.

What volunteer opportunities interest you most? *Check all that apply.*

- Plant Clinics     
  Plant, Insect & Disease Diagnosis     
  Speaking to Local Groups  
 Children's Programs     
  Committees/Leadership     
  Special Projects  
 Community/Demonstration Gardens     
  Water Quality Programs     
  Horticulture Show at County Fair

Other:

Skill / Interest	X	Proficiency, Interest and / or comments
Computer		Email and some computer work
		Use extensively at work / home
		Data entry
		Desktop publishing
		Web design / management
		Microsoft Excel
		Microsoft PowerPoint
		Microsoft Publisher
		SharePoint
		Social Media-Facebook, Twitter...
Arts and Publication		Videography
		Digital Photography
		Scrap Book Design
		Graphic Design
		Writing
		Editing
		Proofreading
Business		Finance / auditing
		Marketing / advertising/PR
		Program Management
		Catering event planning
Miscellaneous (please list age groups and group sizes)		Teaching
		Leading groups (Scouting)
		Leadership training
		Public speaking
Other (please list any additional skills and interests)		Language skills / fluency level
		Grant Writing

**UF/IFAS Extension  
Background Screening Form**



Volunteers who want to work with youth or in some cases all volunteers of a county University of Florida IFAS Extension Master Gardener program must complete this background screening form. Acceptance as a volunteer or the ability to work with youth on a regular basis is contingent on return of this form to the County Extension Office for submission and clearance through the appropriate screening process. These processes are in place to help ensure the safety and well-being of all Extension program participants.

**This document will be destroyed upon completion of the volunteer background screening.**

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

County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

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

Please print name clearly: \_\_\_\_\_