



Sumter County

Master Gardener Application

Please return the completed Application to: Donna Lester, 7620 SR 471, Ste. 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:

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.

Name	Address, City, State, Zip	
Telephone Number	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number	Email Address	Relationship

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, 2022. 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 your 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 for the Sumter 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 the 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: _____