

BECOME AN EXTENSION MASTER GARDENER



Extension Master Gardener Program

K-State Research and Extension - Riley County is offering the Extension Master Gardener Program. This is a volunteer training program for any one interested in gardening and teaching others, who have graduated from high school or equivalent and is 18 years or older. Participants will receive 48 hours of college level training in horticulture. Classes will be held from 9:00 a.m. to 4:00 p.m. on Thursdays and begin in September.

Classes

Topics to be covered include:

- * Orientation
- * Plant Growth & Development
- * Soils and Fertilizers
- * Home Vegetable Gardening
- * Home Fruit Gardening
- * Turfgrasses and Cultural Recommendations
- * Wildlife Management
- * Home Flower Gardening
- * Landscape Design & Principles
- * Woody Ornamentals
- * Insect Pests
- * Disease Problems
- * Maintaining Landscape Plants

Course Leaders will include Kansas State University Horticulture Department members, as well as representatives of the Horticulture Industry.

Cost

Fee is \$100 and will be due by the first meeting.

Volunteering

In return for the 48 hours of training, Master Gardeners volunteer 40 hours of service to the K-State Research and Extension - Riley County horticulture educational program. There are many ways to complete this service to the community in a way mutually agreeable to the Volunteer and K-State Research and Extension - Riley County. One project for all Extension Master Gardeners will be the annual garden tour.

How to Apply

To apply to be one of the members of K-State Research and Extension - Riley County Extension Master Gardener program - fill out the application form and mail or bring to the extension office.

Riley County Extension Office
110 Courthouse Plaza Rm B220
Manhattan, Kansas 66502

"K-State Research & Extension is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to physical, vision, or hearing disability, or a dietary restriction, please contact Gregg Eyestone at 785-537-6350 or rl@ksre.ksu.edu."

K-STATE
Research and Extension

Master Gardener
Riley County

K-State Research and Extension is an Equal Opportunity
Provider and Employer.

K-STATE RESEARCH AND EXTENSION MASTER GARDENER APPLICATION

I wish to become a K-State Research and Extension - Riley County Master Gardener and would be available for the upcoming training sessions. I understand that if accepted into the training program, I will agree to volunteer a minimum of 40 hours during the season to "on-going" Extension program learning projects, or initiate my own individual projects with approval by the County Extension Horticulture Agent/Board to help communicate horticulture information to other Riley County residents. The title of Extension Master Gardener is valid only when used by an active volunteer that has satisfactorily completed 40 hours and is participating in the program. When an individual ceases to be active, their designation as an Extension Master Gardener ceases. I agree to pay the \$100 fee by the first class. Please bring your application to the Riley County Office Building, 110 Courthouse Plaza Room B220 or mail to Riley County Extension, 110 Courthouse Plaza Room B220, Manhattan KS 66502.

Signed _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

BEST PHONE # _____

E-MAIL ADDRESS: _____

Additional Information: (Please print)

How did you learn about the Extension Master Gardener Program?

Please list any training or experience in gardening:

Please list areas of specialization or hobbies (vegetables, greenhouse, roses, photography, art, writing, public speaking, etc.):

Please list gardening group affiliations:

Please list other volunteer activities currently involved in:

Are you familiar with K-State Research and Extension?

Why do you wish to become a Master Gardener?

Kansas Extension Master Gardener Volunteer Code of Ethics

The purpose of the Extension Master Gardener (EMG) program is to provide trained volunteers willing to serve as program assistants for educational programs developed and supported by extension councils and K-State Research and Extension. The local extension council should be involved in implementing and monitoring progress with the EMG program with frequent reports of program impact and activities.

As a Kansas EMG, I will:

1. Work within the Master Gardener Program. As an EMG volunteer, I am accountable to the local coordinator, the appropriate Extension Unit, K-State Research and Extension, and Kansas State University for my actions.
2. Work as a "team player" for the good of the EMG program. I will work cooperatively with clients, other volunteers and extension staff and treat them with respect.
3. EMG volunteers may not endorse products or participate in the EMG program for personal gain.
4. Signature required
 - a. I have read and agree to abide by the above Code of Ethics. I agree to comply with the policies, rules, and regulations of the Extension Master Gardener program and local Extension Unit.

In signing this application, I apply for appointment and registration as an Extension Master Gardener with the local Extension Unit and the Kansas Extension Master Gardener Program.

b. As an EMG Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion.

I may resign my volunteer role at any time at my discretion.

Signature _____ Date _____

Parental Signature (if under age 18) _____ Date _____

Extension Participant Demographic Data 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.

County of Residence

_____ County, KS

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

- Please specify: _____
- ☐ Choose not to provide

Age

- ☐ Under 5 years of age
- ☐ 5-17 years
- ☐ 18-29 years
- ☐ 30-59 years
- ☐ 60+ years
- ☐ Choose not to provide

Please share anything else that is important for us to know about your identity:

For Participants under the age of 19, please provide the following information:

Youth between the ages of 13-17 may fill out the demographic data collection form. A parent or guardian should complete the form for younger participants.

Residence

- ☐ Farm
- ☐ Rural (under 10,000)
- ☐ Town (10,000-50,000)
- ☐ Suburb of Cities (less than 50,000)
- ☐ Central Cities (Greater than 50,000)

Grade in School

- | | |
|---|--|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Post High School |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> Not in School |
| <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> 3 rd Grade | |
| <input type="checkbox"/> 4 th Grade | |
| <input type="checkbox"/> 5 th Grade | |
| <input type="checkbox"/> 6 th Grade | |
| <input type="checkbox"/> 7 th Grade | |
| <input type="checkbox"/> 8 th Grade | |
| <input type="checkbox"/> 9 th Grade | |
| <input type="checkbox"/> 10 th Grade | |
| <input type="checkbox"/> 11 th Grade | |
| <input type="checkbox"/> 12 th Grade | |