



TEXAS MASTER GARDENER TRAINEE APPLICATION-NUECES MASTER GARDENER ASSOCIATION

Registration fee of \$225.00 (cash, check, credit) is due at Orientation

MISSION STATEMENT

The Texas Master Gardener Program is designed to support the mission of Texas A&M AgriLife Extension Service by providing horticultural education and training to residents of Nueces County.

HISTORY

Texas A&M AgriLife trains volunteers to educate their community in the cultivation of plants and resource conservation. The Nueces Master Gardener Association was established by Texas A&M AgriLife to enhance the community through demonstration gardens and workshops relevant to our unique South Texas environment.

Our mission focuses on educational outreach to the community, sharing research-based, environmentally conservative methods of garden and landscape management, water protection, plant selection and other horticulture issues. Master Gardener volunteers use and provide information generated by research at Texas A&M University, Texas A&M AgriLife Research centers and institutions of higher education that are part of the United States Land Grant University system.

PROCESS

You will receive training from University professors, Extension specialists and other regional horticulture experts. Class topics include botany, vegetable gardening, composting, integrated pest management, EarthKind horticulture, greenhouses, rain harvesting, plant propagation, water management and more.

EXPECTATIONS

Applicants should have a desire to serve the community through our volunteer programs. These programs are the cornerstone of Master Gardeners and provide an important outreach to the community. We are seeking people who desire to make a long-term commitment to the program. A background check is required on all applicants.

TIME COMMITMENT

The orientation session has been scheduled for July 22nd from 1-3pm at the Del Mar Center for Economic Development Center. Please plan to attend this session.

Classes will be held on Mondays and Wednesdays and will consist of a lecture on Mondays from 5:30-7:30 p.m. and lab on Wednesdays from 5:30-7:30 p.m. The Monday lectures will be held at the Del Mar Center for Economic Development, 3209 S. Staples or [Click this for a map](#). Wednesday lab sessions will take place at different locations throughout Nueces County.

Please check the class schedule to ensure dates and times do not conflict with your schedule. Class size is based on space availability.

As a Texas Master Gardener volunteer trainee, you will attend the Master Gardener classes and will donate an additional 50 hours of volunteer service to the community to become certified. After trainees obtain certification, they are required to recertify each calendar year thereafter by completing 6 education credits (CEs) and 30 volunteer hours on projects sponsored by AgriLife or approved by the coordinating Agent.

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

Please print or type your answers to all questions. You can either email the completed application to kimberly.coronado@ag.tamu.edu, or mail it to Texas A&M AgriLife Extension Service, 710 E. Main, Suite 1, Robstown, TX 78380, fax it to 361.767.5248, or bring it with you to orientation. A fee of \$225.00 will be due at the orientation you choose to attend (July 22nd) where you will learn all about the cooperative relationship between Texas A&M AgriLife Extension Service and Nueces Master Gardeners. Horticulture Agent Kevin Gibbs and certified Master Gardeners will be available to answer any questions or concerns you may have.

INFORMATION

Name: _____

Address: _____

County: _____

E-mail Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Place of Employment: _____

If employed, what is your profession: _____

If employed, how do you plan to fit the training and volunteer service hours into your schedule?

If retired, what was your profession? _____

Have you applied for a Master Gardening class before?

_____ Yes

_____ No

If so, when? _____

Will you be able to complete the minimum requirement of 50 volunteer hours?

_____ Yes

_____ No

When are you most likely to volunteer for projects?

_____ Mornings

_____ Afternoons

_____ Evenings

_____ Weekdays

_____ Weekends

Please indicate any areas of horticulture specialization that interest you.

_____ Horticulture Help Desk

_____ Landscape Design

_____ Plant Propagation

_____ Vegetables

_____ Greenhouses

_____ Grant Writing

_____ Fruit and Nut Trees

_____ Water Gardening

_____ Herbs

_____ Water Conservation

_____ Ornamentals

_____ Landscape Irrigation

_____ Native Plants

_____ Turf grass

_____ Fund Raising/Plant Sales

_____ Public Speaking/Presentations

Other: _____

List any volunteer experience you may have:

What would you like to achieve as a Master Gardener?

How did you find out about the Master Gardener program?

Individuals with disabilities who require an auxiliary aid, service or accommodation in order to participate in this program are encouraged to contact the coordinating Extension Agent, at 361.767.5217 to determine if reasonable accommodations can be made.

MASTER GARDENER PROGRAM INTERN CONTRACT

I understand that the Texas Master Gardener Program and the Nueces Master Gardener Association are volunteer organizations of the Texas A&M AgriLife Extension Service.

As a Master Gardener Intern I agree to:

- Attend weekly classes to complete a minimum of 50 hours of classroom time
- Provide a minimum of 50 hours of volunteer service by May 31, 2020
- **Pay \$225 via cash or check payable to Nueces Master Gardeners (NMG)
- Submit volunteer hours monthly

I understand that the Texas A&M AgriLife Extension Service and the Nueces Master Gardener Association will:

- Provide quality training and associated materials
- Keep track of cumulative volunteer hours
- Provide support through regular meetings, activities and newsletters
- Provide opportunities for volunteer service on approved projects

Upon completion of the course, test and initial 50 volunteer service hours, I will continue to support the Nueces Master Gardener Association. To maintain my active status as a Master Gardener I understand that I must:

- **Pay annual local and state dues (currently a total of \$12)
- Contribute a minimum of 30 hours of volunteer service annually.
- Attend 6 hours of approved continuing education annually
- Attend Master Gardener meetings regularly
- Submit hours and contacts on a monthly basis
- Use acquired knowledge to educate the community and youth on sound horticultural techniques/practices
- Not use the title of Master Gardener for personal gain
- Provide only research-based information to clientele
- Submit to a background check every 3 years

Signed

Date

Name (printed)

** Fees subject to change without notice



Confidential
Volunteer Background History Check
Authorization/Waiver

To be completed by Extension program volunteers (ENP, BLT, etc.) and Master Volunteers only.

Please print:

1. _____
 1. APPLICANT’S FULL, LEGAL NAME

2. _____
 2. COUNTY

3. _____
 3. ADDRESS

4. _____ ZIP
 4. CITY

5. _____
 5. FIRST 5 DIGITS OF SOCIAL SECURITY NUMBER

6. _____/_____/_____
 6. DATE OF BIRTH

7. _____
 7. DRIVER’S LICENSE NUMBER (optional)

8. GENDER (*circle one*) Male / Female

9. Are you of Hispanic ethnicity? Yes / No

10. _____
 10. VOLUNTEER PROGRAM AREA

RACE (*circle one*) White / Black / Asian / American Indian
 Alaskan Native / Native Hawaiian / Pacific Islander

Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED. Yes No

If yes, by who? _____

When (Year): _____

For what purpose? _____

Did you pass? _____

If not, what restrictions were imposed? _____
 If you have been screened and passed a criminal background check through an Extension-approved entity, a letter/proof must be submitted

Please sign at the bottom of the form.

12. I hereby authorize the Texas A&MAgriLife Extension or its authorized service provider to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. I authorize the Texas A&M AgriLife Extension or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas A&MAgriLife Extension.

The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/ volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge Texas A&M AgriLife Extension or its service provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates from any and all claims and liability arising out of any request for information or records pursuant to this authorization and/or procurement of an investigative consumer report and understand that it may contain information about my character, general reputation personal characteristics, and mode of living whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to Texas A&MAgriLife Extension or its authorized service provider for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

13. _____
 13. Date

14. _____
 14. Applicant’s Signature

Volunteer Application Form Instructions

1. Applicant's Printed Name – Complete with first name, middle name and last name.
2. County – Complete with the county name in which you are applying to be a volunteer.
- 3/4. Address – Complete with your current mailing address, city and zip code.
5. Social Security Number – Complete with at least the **first five** digits of the social security number. The social security number is an individual descriptor that enables the system to complete a national criminal search of 47 jurisdictions.
6. Date of Birth – Complete with the month, day and year of birth.
7. Driver's License Number – Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
8. Gender – Complete by circling one of the options.
9. Race – Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
10. Volunteer Program Area – Complete with the program area you are volunteering for (e.g., Better Living for Texans, Expanded Nutrition Program, Master Gardener, Master Naturalist, Master Wellness Volunteer).
11. Previously Screened – Texas A & M AgriLife Extension will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Texas Youth Commission, Department of Defense – Child and Youth Services, Department of Defense – Family Programs, concealed handgun license; and/or licensed childcare workers.
** The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.**
*** Other sources may be considered based on documentation provided with screening criteria and specifics.***
**** Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to the Texas A & M AgriLife Extension stating you have been screened and tested.*
12. Authorization Statement – State agencies screening volunteers are required by legislation to perform criminal background history checks through the Volunteer Center of North Texas. All information received is held in confidence and not shared at the county level. Criminal record results are shredded when a volunteer's status is determined.
13. Date Completed
14. Applicant's Signature