

Purdue Master Gardener Volunteer Application and Agreement



When you sign this Purdue Master Gardener Volunteer Application and Agreement you confirm that you agree to follow all policies concerning the use of the Purdue Master Gardener title. You also confirm that you have read and agree to follow all policies stated in the *Purdue Master Gardener Program Policy Guide* (www.hort.purdue.edu/mg).

In order to be considered for participation in the Purdue Master Gardener Basic Training or to continue volunteering as a Purdue Master Gardener, please read and sign this agreement, and return it to your Master Gardener county coordinator.

Your interest and future contributions as a Purdue Master Gardener are greatly appreciated by Purdue Extension, Indiana residents, and the communities that benefit from your efforts.

Sincerely,

A handwritten signature in black ink that reads "John C. Orick".

John C. Orick
Purdue Master Gardener State Coordinator
Purdue University
Department of Horticulture and Landscape Architecture
625 Agricultural Mall Drive
West Lafayette, IN 47907 -2010
orick@purdue.edu
765-496-7956

Please print or type

Full Name _____

Alias/Maiden Name _____

Date of Birth _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

County of Intended Purdue Master Gardener Basic Training _____

County of Intended Purdue Master Gardener Service _____

The following questions regarding race and ethnicity are optional

Race (check one)

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Multiple Races
- Undetermined

Ethnicity (check one)

- Hispanic
- Non-Hispanic

Emergency Contact Information (required)

Name _____

Telephone _____

Relationship _____

Provisions of the Agreement to Participate in the Purdue Master Gardener Program

Please read the statements below. By signing this form, you agree to all the statements below.

- Use of Title.** I understand that the title “Purdue Master Gardener” is to be used exclusively in the Purdue Master Gardener Program. Purdue Master Gardeners are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue Master Gardener Program.
- Understanding Policies.** I have read the *Purdue Master Gardener Program Policy Guide* (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the Purdue Master Gardener Program.
- Age Certification.** I am 18 years or older.
- Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the *Purdue Master Gardener Program Policy Guide*.
- Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue Master Gardeners explained in the *Purdue Master Gardener Program Policy Guide*.
- Pest Recommendations.** I agree to make recommendations to the public according to the Purdue Master Gardener pest information policy outlined in the *Purdue Master Gardener Program Policy Guide*.
- Liability Release.** I understand that participating in the Purdue Master Gardener Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers (“Released Parties”) from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue Master Gardener

Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.

- First Aid.** I give permission for Purdue Master Gardener Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue Master Gardener Program activities. I shall be financially responsible for the cost of any medical treatment.
- Photo Release.** I grant permission for the Purdue Master Gardener program to use videos or photographs of me for educational purposes or promotion of the Purdue Master Gardener program and/or Purdue Extension programs
- Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info.
- Volunteer Service.** I agree to contribute at least 35 hours of volunteer service within two years of completing Purdue Master Gardener Basic Training and understand the number of volunteer hours required for certification may vary depending on the county of participation. I also understand that in order to continue my certification as a Purdue Master Gardener I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my Master Gardener county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the Master Gardener county coordinator at least once per year using a reporting method approved by the Master Gardener county coordinator.
- County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue Master Gardener is the coordinator and advisor for the Purdue Master Gardener Program in that county and for my involvement in the program.
- Notification of Changes.** I will contact the Purdue Extension Master Gardener county coordinator or Purdue Master Gardener state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue Master Gardener volunteer.

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

For Purdue Extension Office Use Only

National Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Indiana Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Verification of Photo ID — Date Completed _____

Purdue Extension Office Staffer Completing Verification _____