

Master Gardener Training 2024

Thank you for your interest in our Master Gardener Volunteer Training Program. In the pages that follow, you will find the Master Gardener Training Application, Optional Scholarship Application, the Master Gardener Volunteer Description, and the Volunteer Agreement and Code of Conduct.

Classes are scheduled to begin on Saturday, March 2nd and will continue through the end of May, with breaks in the first week of April and at the end of May. Graduation is projected for June 1st. Classes will be held in-person several times per month and will alternate between the Extension Education Center in Hudson, and the Agroforestry Resource Center in Acra. As the course progresses, we also have plans to visit locally owned nurseries, arboretums, and garden centers. Please note that Master Gardener Training relies primarily on a virtual 'classroom' for accessing course lectures and resources. Although not required, previous online learning will be an asset. Access to a computer or a laptop is heavily suggested.

Requirements for graduation include successful completion of all coursework. Participants are permitted up to two absences from in-person classes with adequate notice, and with the understanding that additional work may be assigned as a result. A commitment of 150 volunteer hours to Cornell Cooperative Extension of Columbia and Greene Counties programs must be made to complete the program. It is expected that those 150 hours will be volunteered within two years.

The fee for this training is \$250.00, which includes a \$50 refundable deposit to be returned if the required 150 hours of volunteer service are met within the first two years. Fee is due upon acceptance to the training – no fees should be submitted at the time of application. Should the participant cancel, this fee is refundable up until the first day of training, minus \$75. Limited scholarship opportunities are available.

Please complete and return this application in its entirety **no later than January 31st, 2024**. Course applicants will be interviewed as part of acceptance consideration. In addition, Cornell requires a successful background check for training admission. Please understand that these efforts take additional time.

Completed applications should be returned to Katie Prack at: kap283@cornell.edu

Should you have further questions, please call Katie Prack at 518-828-3346 x209

We look forward to receiving your application.

Sincerely,



Xandra Powers

Community Horticulture Coordinator

Cornell Cooperative Extension, Columbia and Greene Counties

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(Please read INSTRUCTION pages)

Name: _____

Address: _____

Phone: _____

Email: _____

- NOTE:** A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.

11. Photo, Video, and Audio Consent

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension-sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

By signing this form, I also consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Signature: _____ **Date:** _____

I affirm that the statements made in this application are true. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a future Cornell Cooperative Extension volunteer. If accepted for Master Gardener Training, I authorize Cornell Cooperative Extension of Columbia and Greene Counties to obtain from all persons, including those not named here, and/or agencies any records, documents, and other information relative to my suitability to perform the duties of a volunteer position. A criminal background check including a sexual offender search will be made. I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. I understand and agree that the Master Gardener Training at CCE for which I am applying, is without compensation or benefits of any kind. I further understand that Master Gardener application does not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that if I am offered and accept a volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that any future volunteer position is contingent upon, among other things, my signing the CCE Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

Signature: _____ **Date:** _____

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Master Gardener Application: **PART 2** Personal Statement

Whether in California, North Carolina or New York, the purpose of the Master Gardener Program is the same. The Master Gardener Program identifies those who want more gardening insights so they can be “multipliers” who actively spread best gardening practices to the community. Although it’s always a pleasure to teach interested gardeners more about gardening, Master Gardener Training is designed expressly to enable Master Gardeners to share these practices as active and engaged community volunteers with others in their community. Please address the following in your personal statement. If preferred, you may use a separate sheet of paper.

1. Why are you interested in Master Gardening Training?
2. Describe prior and current volunteer experience of any kind including the nature of activity and the approximate time commitment per month.
3. Where would you like to volunteer? Our Master Gardeners volunteer in a variety of different ways, including designing and maintaining on-site Demonstration Gardens, participating in Vegetable Variety Trials, leading workshops and presentations for our Speakers’ Bureau, answering community questions at Farmers Markets, answering questions on the Horticulture Diagnostic Hotline, and providing pH Soil testing, just to name a few. Identify three volunteer activities that are of possible interest to you, and say why they are of interest.
4. Cornell Cooperative Extension (CCE) Columbia Greene requires 150 hours of volunteer service in the first two years after training and then 50 hours per year thereafter to remain an active Master Gardener. Given your current schedule, what days of the week are likely available to satisfy the first 150 hour requirement?

Master Gardener Application: **PART 3** References

Provide the names, and email addresses, and phone numbers of two to three references. These should be people who have knowledge of your ability to work with others.

Reference 1

Name:

Email Address:

Phone Number:

Home Address (optional):

Reference 2

Name:

Email Address:

Phone Number:

Home Address (optional):

Reference 3 (optional)

Name:

Email Address:

Phone Number:

Home Address (optional):

Master Gardener Training Scholarship Application Form

Our scholarship program is intended to provide equal opportunity, to diversify our volunteer base and enable us to more effectively serve Columbia and Greene County communities. Scholarships (valued at \$200) will be awarded to selected individuals who well represent diverse and underserved communities. Those who receive scholarships will be responsible for a \$50 registration fee. Please identify your experience in underserved communities in your application. All fields must be filled in for consideration. Include the scholarship form with your Master Gardener Training Application.

Name:

Address:

Email:

Phone:

Scholarship Eligibility

1. **Demonstrated financial need.** Scholarship recipient's annual income should not exceed NY State Median Income, which in 2023 is equal to **\$51,239**, or \$24.63 per hour.

Does your annual income for 2023 **exceed** the amount shown above?

☐ No ☐ Yes

2. Recipient from under-represented populations

(Please check all that apply)

- ☐ African American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Pacific Islander
- ☐ 2 or more races
- ☐ Other (specify) _____

I request a CCE Columbia Greene Master Gardener Training scholarship. I certify my eligibility based on the above requirements. I understand that I am responsible for paying a registration fee of \$50 to secure my place in the upcoming CCE Columbia Greene Master Gardener Training Class. Please initial: _____

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Scholarship Application Requirements

1. If accepted in the Cornell Columbia Greene Master Gardener Training, I am committed to completing the Master Gardener certification requirements including 150 hours of community service within two years after training completion by volunteering in diverse and underserved communities.

Please initial: _____

2. In a short essay, please address your commitment to volunteerism and public education in serving a diverse or underserved community. Include information about each of the following in the essay:
 - a. Volunteer History: What types of volunteer activities have you participated in within diverse or underserved communities? What did you gain from those experiences?
 - b. Volunteer Interest: How might you serve the Master Gardener Program?
 - c. Diversity and Inclusion: Do you have any experience with public education? Offer examples of your work with diverse and underserved communities and why these were rewarding.

III. Master Gardener Position Description

Cornell Cooperative Extension of Columbia and Greene Counties

Title: Master Gardener Intern/Volunteer

Purpose of Position:

To provide Columbia and Greene County community unbiased gardening information that is based on research or reliable experience, through a “neighbors-teaching-neighbors” educational program.

Responsibilities:

- Successfully complete the required Master Gardener Volunteer Training Program and remain current through participation in recommended training opportunities throughout the agreed term of volunteer service.
- Serve as a horticultural resource as outlined in the plan of work of the sponsoring Cornell Cooperative Extension of Columbia and Greene Counties and NYS Cornell Cooperative Extension Master Gardener Volunteer Network.
- Professionally represent CCE within the community; encourage enrollment in and support for the organization.

Expected Results:

Residents and communities of Columbia and Greene Counties will be better informed of environmentally sound gardening practices, and make informed decisions based on the advice of Master Gardener Volunteers.

Training and Support:

- Orientation to the Cornell Cooperative Extension System, its mission and that of the Master Gardener Volunteer program
- Master Gardener Volunteer Training Program (a foundation course in gardening) as well as refresher classes, field trips and workshops to enhance expertise and ability to communicate information related to ecological gardening and related topics to the public. In Columbia and Greene Counties there is a registration fee of \$250
- Orientation to the operational and risk management procedures
- Periodic opportunities for statewide, regional, and national conferences. Participation is encouraged to expand your knowledge and remain current.
- Extension Educators with knowledge of horticultural sciences as well as experienced Master Gardener volunteers active in the program provide support.
- Your supervisor is the Community Horticulture Coordinator.

Reporting/Paperwork:

Each Master Gardener Volunteer is expected to maintain records and submit hours and any Volunteer Involvement Policy paperwork required by CCE Columbia and Greene Counties Human Resources and Community Horticulture.

Time Commitment:

- A Columbia and Greene Counties Master Gardener Intern is expected to contribute a minimum of 75 hours per year for a period of two years upon graduation, in exchange for the training provided.
- To remain “active,” in keeping with the NYS Cornell Cooperative Extension Master Gardener Volunteer Network guidelines, a Columbia and Greene Counties Master Gardener Volunteer is expected to contribute at least 50 volunteer hours plus 10 advanced training hours per year.

Qualifications:

- A basic interest in and knowledge about landscape and food gardening
- Enthusiasm for acquiring and sharing horticultural knowledge and skills – and interest in teaching others
- Good verbal and written communication skills
- A time schedule compatible with program activities
- Willingness to volunteer time on horticultural projects and educational activities that help meet the goals of the county's Cornell Cooperative Extension Program

Benefits:

- Satisfaction of serving your community to extend the educational mission of Cornell Cooperative Extension
- Interaction with people in your community with similar interests and talents in gardening and landscaping
- A deeper understanding of the science and art of horticulture and its allied sciences

Cornell Cooperative Extension Association Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension Association of Columbia and Greene Counties (hereinafter referred to as “CCE”). Please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

1. I agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary or other compensation. **That document, including the Code of Conduct it contains, shall be considered a part of this agreement.**
2. I understand that CCE shall have the right to suspend or release me as a volunteer at any time and for any reason, within the discretion of CCE. I also understand that I have the right to terminate this agreement, recognizing that if I receive significant training for the volunteer position that there is an expectation of volunteer service.
3. I understand that CCE does not provide volunteers with medical insurance; therefore CCE is not responsible for any medical expenses incurred by me. Further, I understand that I am neither covered by Worker’s Compensation nor entitled to employee benefits as a result of my CCE volunteer affiliation.
4. CCE will cover me as a volunteer under the CCE commercial general liability to protect me against any covered claims for injury to persons or damage to property arising out of my activities as a volunteer. In exchange for volunteer liability insurance protection I, on behalf of myself, my heirs and my representatives, do hereby release Cornell Cooperative Extension and the Association, its officers, directors, employees, and other volunteers from any liability whatsoever for any injury to myself, including death, or damage to my property that arises out of or is in any way related to my volunteer activities unless my injury is the result of the sole negligence of Cornell Cooperative Extension or the Association. I understand that the liability insurance coverage only applies when I am on duty, acting in accordance with CCE guidelines for my volunteer assignment, and all other applicable pre-conditions for coverage under the CCE insurance policy are met.
5. CCE agrees to provide the orientation, training, supervision, and support deemed necessary by CCE for the successful fulfillment of my volunteer responsibilities.
6. I am aware of the terms and conditions of this agreement and agree that the provisions of this agreement do not constitute a contract, either expressed or implied, for employment between CCE and myself.
7. This agreement is valid until it is terminated by CCE or by me.

(OVER)

Cornell Cooperative Extension Association

Volunteer Code of Conduct

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program I serve.
- Execute CCE business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and CCE internal affairs that have been entrusted to me as affirmed by my signature on the Volunteer Confidentiality Agreement.
- Refrain from using my CCE volunteer status for personal or business financial gain.
- Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- Use my time wisely and work cooperatively with Extension staff and other volunteers.
- Participate in required training programs and use the recommended policies and procedures.
- Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs, and strengths differ.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.

Signatures: With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.

CCE Volunteer _____ Date _____

CCE Representative _____

Name

Title

Date _____