

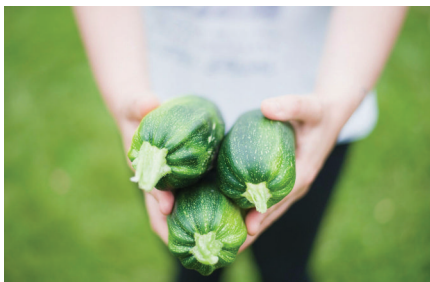
MASTER GARDENER BASIC TRAINING

**MARCH 7, 2024 - APRIL 25, 2024
EVERY TUESDAY & THURSDAY
6:00 PM - 9:00 PM**



Extension - Madison County

Limited Financial Assistance
Available



OPEN TO ALL

Classes will be held at:
Purdue Extension - Madison County
3424 Mounds Rd., Anderson, IN 46017

Applications Required

Send applications & checks to Madison
County Extension Office, make checks
payable to Purdue University

Deadline February 15, 2024

Cost

\$165 per participant

\$250 per couple living in the same household

QUESTIONS? EMAIL OR CALL

Beth Vansickle

ANR Extension Educator,- Madison County

765.641.9514

bvansickle@purdue.edu

hort.purdue.edu/mg

Purdue Extension Master Gardener Basic Training (EMG)
Madison County
March 7th – April 25th, 2023
3424 Mounds Road, Anderson, IN 46017
Beth Vansickle - bvansickle@purdue.edu – 765-641-9514

Date	Topic/Related References	Instructor
3/7/2024	Pre-test and EMG Orientation Purdue EMG Program Policy Guide	
3/12/2024	Plant Science PEMG Manual Ch. 1,3,8	
3/14/2024	Soils & Plant Nutrition PEMG Manual Ch. 2,6,7	
3/19/2024	Pesticides Safety and Alternatives PEMG Manual Ch. 23,24	
3/21/2024	Plant Disease Diagnosis PEMG Manual Ch.16,17,21,22,25	
3/26/2024	Weed Identification and Control and Invasive Species PEMG Manual Ch. 20 and 26	
3/28/2024	Insects Identification and Control PEMG Manual Ch. 18,21,24,25	
4/2/2024	Animal Pests PEMG Manual Ch. 19	
4/4/2024	Herbaceous Ornamentals/Native plants PEMG Manual Ch. 7, 9	
4/9/2024	Fruit Gardening PEMG Manual Ch. 14	
4/11/2024	Woody Ornamentals PEMG Manual Ch. 7, 10	
4/16/2024	Lawn Care PEMG Manual Ch. 11	
4/18/2024	Vegetable Gardening PEMG Manual Ch. 7,13	
4/23/2024	Ideas: Volunteer Project Fair/"What Counts?"/Meet MG Association/Celebration **REVIEW for Post-test, post-program survey, and final exam	
4/25/2024	Post-test, post-program survey, and final exam	

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

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

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

Please print or type

Date of Birth ____/____/____

Full Name _____

Alias/Maiden Name _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

County of Purdue EMG Basic Training _____

County of Purdue EMG Service _____

Do you require reasonable accommodations to participate in this program? Yes ____ No ____

If yes, please explain.

Emergency Contact Information (required)

Name _____ Telephone _____

Relationship _____

Have you been convicted of a crime (excluding minor traffic violations)? ____ Yes ____ No

If yes, give date, nature of offense and disposition.

NOTE: A criminal record will not necessarily disqualify an applicant; it will be considered relative to the specifics of the position.

Why do you want to become a Purdue EMG volunteer? _____

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

Please share your prior volunteer experience:

Organization	Volunteer Role	City/State	Years

Please indicate your education, experience, skills and interests that might relate to the Purdue EMG Program:

Provisions of the Agreement to Participate in the Purdue Extension 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 Extension Master Gardener" is to be used exclusively in the Purdue EMG Program. Purdue EMGs 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 EMG Program.
- **Understanding Policies.** I have read the Purdue EMG Program Policy Guide (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the 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 EMG 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 EMGs explained in the Purdue EMG Program Policy Guide.
- **Pest Recommendations.** I agree to make recommendations to the public according to the Purdue EMG pest information policy outlined in the Purdue EMG Program Policy Guide.
- **Liability Release.** I understand that participating in the Purdue EMG 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 EMG 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 EMG Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue EMG Program activities. I shall be financially responsible for the cost of any medical treatment.
- **Photo Release.** I grant permission for the Purdue EMG program to use videos or photographs of me for educational purposes or promotion of the Purdue EMG 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 <https://www.purdue.edu/policies/facilities-safety/iva1.html>

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

- **Volunteer Service.** I agree to contribute at least 40 hours of volunteer service within two years of completing Purdue EMG Basic Training. I also understand that in order to continue my certification as a Purdue EMG I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my EMG county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the EMG county coordinator at least once per year using a reporting method approved by the EMG 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 EMG is the coordinator and advisor for the Purdue EMG Program in that county and for my involvement in the program.
- **Notification of Changes.** I will contact the Purdue EMG county coordinator or Purdue EMG state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue EMG volunteer.

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

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 _____

Greetings Gardeners!

If you want to sharpen your gardening skills and share your knowledge with others, Purdue Extension has the ideal program for you. Beginning March 7, 2024, a Purdue Master Gardener Basic Training series will be offered for residents of Madison and surrounding areas. Participants will be exposed to a wide range of subjects during the training series, including soil and plant science; diagnosis of plant problems; pesticide safety; and culture of vegetable, flower, landscape, and fruit plants.

When: **Starts Thursday, March 7, 2024, at 6:00 p.m.**
Continues every Tuesday and every Thursday through April 25th, 2024.

Where: **Madison County Purdue Extension Office.**
The course will be held at 3424 Mounds Road, Anderson, IN 46017

Cost for the 15-session series is **\$165.00 per person**
\$250 per couple living in the same household

Deadline for class registration is February 15th by 4:00 p.m.
Class size is limited. Please send applications to the Madison County Extension Office.

To apply or if you have questions about the program, please contact:

Beth Vansickle
Extension Educator, Ag & Natural Resources
Purdue Extension, Madison County
3424 Mounds Road
Anderson, IN 46017
(765) 641-9514
bvansickle@purdue.edu

Visit www.hort.purdue.edu/mg/ for more info about the Purdue Master Gardener Program.