

Dear Prospective Purdue Extension Master Gardener:

Thank you for your interest in the Purdue Extension Master Gardener (EMG) Knox / Daviess Co. Basic Training Program. The primary objective of this program is to train volunteers to assist Purdue Extension with home horticulture education in local communities. In preparation for this role, Purdue EMGs receive the horticulture training they will need to perform their duties during EMG County Coordinator (County Extension Educator) - approved projects. To become a Purdue Extension Master Gardener, you must 1.) Complete the application/screening process and be accepted, 2.) Pay a registration fee, 3.) Complete EMG Basic Training, 4.) Pass an open-book final exam with a score of 70% or higher, and 5.) Contribute at least 40 hours of volunteer service, approved by the local EMG County Coordinator, within two years. To maintain active status, Purdue Extension Master Gardeners must complete at least 12 volunteer and 6 continuing education hours every year, thereafter.

Program Information - Fall/Winter 2024

Knox / Daviess Co. Purdue EMG Basic Training will be held on Mondays from August 26 – December 9 from 1:00 - 4:00 pm (ET). Half of the trainings will be held in Knox County (4207 N Purdue Rd. Vincennes, 47591) and half in Daviess County (1 4-H Way Washington, 47501).

Application and Registration Information (Two-Step Process to participate)**Step 1: Application approval by local EMG County Coordinator - Due Aug. 8, 2024**

Begin by reading the Purdue Extension Master Gardener Program Policy Guide at: <https://extension.purdue.edu/extmedia/mg/mg-5-w.pdf>. Then, complete and sign the attached Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1). Once completed, you may mail, email, or deliver the document in-person to one of the following locations:

Purdue Extension - Knox County - 4259 N Purdue Rd. Vincennes, IN 47591
Email: clingerman@purdue.edu

OR

Purdue Extension - Daviess County - 300 E Hefron St. Suite 119 Washington, IN 47501
Email: sbrackne@purdue.edu

Applicants must present a government-issued ID to the local EMG County Coordinator or designated Purdue Extension staff via virtual or in-person appointment prior to application approval. To schedule, contact either Valerie Clingerman (Knox) at 812-882-3509 or Sarah Brackney (Daviess) at 812-254-8668.

Step 2: Registration and payment of fees through online registration portal - Due Aug. 12, 2024

Upon approval of your application and providing evidence of government issued photo ID, an online registration link will be sent to you. Registration options are listed on the next page:

- \$110.00 for an individual registration (includes a print version of the Purdue EMG Manual)
- \$155.00 for two people sharing the Purdue EMG Manual. (*Sharing works best for people living in the same household.*)

Check payments will be accepted for registration fees, but the option will be removed ONE week BEFORE the registration deadline. After that payment will have to be made with a credit card.

Once your payment is confirmed, your copy of the Purdue EMG Manual will be shipped to you prior to the start of the training. * **Online registration ends on August 12, 2024, with only credit/debit payments accepted after August 5, 2024.**

Refund Policy

If you cancel your registration prior to the registration deadline, you will be charged 12% of the registration fee + \$5.00. There are no refunds after August 5, 2024. Manuals are non-refundable. Purdue University is not responsible for expenses incurred due to cancellations by registrants. Purdue University reserves the right to cancel any program. Registrants will receive a full refund in the event that Purdue University cancels the program.

2024 Knox/Daviess Co. Training Schedule

August 26	Purdue EMG Orientation - <i>D</i>	October 28	Lawn Care- <i>D</i>
September 9	Plant Science - <i>K</i>	November 4	Plant Diseases/Weather,Climate - <i>K</i>
September 16	Pesticide Safety - <i>K</i>	November 11	Weed ID/Invasive Species - <i>K</i>
September 23	Soils and Plant Nutrition - <i>D</i>	November 18	Insect ID/Mgmt - <i>K</i>
September 30	Herbaceous Ornamentals - <i>D</i>	November 25	Animal Pests - <i>K</i>
October 7	Woody Ornamentals - <i>D</i>	December 2	Final Exam/Survey - <i>K</i>
October 14	Vegetable Gardening - <i>D</i>	December 9	What Counts/Graduation - <i>D</i>
October 21	Fruit Gardening - <i>D</i>		

D = Training location: Daviess County 4-H Fairgrounds, 1 4-H Way Washington, 47501

K = Training location: VU Agricultural Center, 4207 N Purdue Rd. Vincennes, 47591

Purdue is committed to making all programs accessible to participants. If you require auxiliary aids or services, or if you have other program-related concerns, please contact Valerie Clingerman, 812-882-3509 or clingerman@purdue.edu at least 2 weeks prior to the program.

Thank you for your interest in the Purdue Extension Master Gardener Program!

Sincerely,

Valerie Clingerman
Purdue Extension-Knox County
Agriculture and Natural Resource Educator
4259N Purdue Rd.
Vincennes, IN 47591
812-882-3509
clingerman@purdue.edu

Sarah Brackney
Purdue Extension-Daviess County
Agriculture and Natural Resource Educator
300 E Hefron St., Ste 119
Washington, IN 47501
812-254-8668
sbrackne@purdue.edu

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? _____

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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>

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- **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 _____