Oregon State University Extension Service Master Gardener
Position Description

Title
Oregon State University Extension Service Master Gardener

Purpose
To provide OSU Extension Service educational programs on sustainable home horticulture (including vegetable, tree fruit, small fruit, lawn and landscape maintenance, pest control and associated topics) to the general public by using research based and unbiased information.

Brief description of the position
Answers general public questions and inquiries about gardening, landscape maintenance, pest control and related topics by telephone; at clinics, demonstrations, workshops, or informal classes; or in other ways possible and practical.

Cooperates with an assists local OSU Extension staff.

May assist in preparation of specific educational resources.

Keeps appropriate records.

Requirements
Must be available to participate in the training program for Master Gardener volunteers.

Must be available to provide volunteer service to OSU Extension during the year that training is completed, and equivalent to the number of hours of training received.

Must be able to effectively communicate with the public by telephone, personal contact, group contact, or in writing.

Should have some knowledge and skills in basic horticulture and related areas.

Should enjoy working with people.

Supervision
The county Extension agent with responsibility for the local Master Gardener program provides overall supervision and support.

Immediate supervision and support may be provided by a program assistant or a program coordinator, if available.

Volunteer Signature: ___________________ Date: ____________

OSU Extension Faculty Signature: _______________ Date: ____________

Last Revised 11/11/2009
Oregon State University Extension Service Master Gardener
Code of Conduct
(Reference Copy for Volunteer)

This Code of Conduct is a contractual agreement accepted by volunteers who commit to the Oregon State University Extension Master Gardener Program. The Code shall guide the volunteers’ behavior during their involvement with the Master Gardener Program.

The OSU Extension Master Gardener Program provides unbiased, research-based educational programs accessible to all Oregon residents. The primary purpose of this Code of Conduct is to ensure the safety and well-being of all Master Gardener Program participants (i.e. target audiences, professionals and volunteers).

Master Gardener volunteers are expected to function within the guidelines of Oregon State University Extension and the OSU Extension Master Gardener Program.

When volunteering as an Oregon State University Extension Master Gardener, I will:

- Represent OSU Extension, the OSU Extension Master Gardener Program and my individual county program with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and appropriate behavior.
- Promote and support the activities and programs of OSU Extension, the OSU Extension Master Gardener Program and my local or county Master Gardener Program.
- Learn about, know and uphold the policies of the OSU Extension Service, the OSU Extension Master Gardener Program and my local or county Master Gardener Program.
- Participate in orientation and training programs to help me work more effectively with appropriate audiences.
- Comply with equal opportunity and anti-discrimination laws.
- Accept supervision and support from Extension faculty or staff while involved in the program.
- Keep personal opinions and actions separate from the research-based unbiased recommendations made as a representative of this organization.
- Follow through and complete accepted tasks in a timely manner.
- Use garden tools and equipment and operate machinery, vehicles and other equipment in a responsible manner, when working in an OSU Extension Master Gardener demonstration garden or other Master Gardener site.
- Respect, adhere to and enforce the rules, policies and guidelines established by OSU Extension, the OSU Extension Master Gardener Program, and my local or county Extension Master Gardener Program.
- Accept assignments suited to my personal interests and skills.
- Participate in staff and program evaluations.
- Be willing to use and teach research-based practices and concepts, in an unbiased manner.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code is grounds for the suspension and/or termination of my volunteer status with the OSU Extension Master Gardener Program.

Signature __________________________

Date ________________________________

Printed name ___________________________  Last Revised 11/11/2009
The title OREGON STATE UNIVERSITY EXTENSION MASTER GARDENER™ is to be used only and exclusively in conjunction with activities associated with the Oregon State University Extension Master Gardener Volunteer Program.

I will identify myself as a “Master Gardener” only when engaged in unpaid public service in an Oregon State University Extension sponsored or approved program.

I will not appear as part of a commercial activity, have association with commercial products, or give implied Oregon State University or Oregon State University Extension endorsement of any product or place of business while serving as a Master Gardener Volunteer.

In such service, I will use only labeled or Oregon State University and Oregon State University Extension approved recommendations.

I can, however, include the title OREGON STATE UNIVERSITY EXTENSION MASTER GARDENER™ on a resume or job application, to signify that I have received training in home horticulture from OSU Extension.

I may also display my OREGON STATE UNIVERSITY EXTENSION MASTER GARDENER™ Certificate of Completion at my place of business or in my office, to signify that I have received training in home horticulture from OSU Extension.

I have read and understand the requirements dictating the use of the title OREGON STATE UNIVERSITY EXTENSION MASTER GARDENER™ and agree to abide by the rules, outline above.

Name ________________________________________________________________

Address __________________________________________________________________

City______________________________ State_______ ZIP____________ Phone_____________________

Signature____________________________________________________ Date_______________________

Last Revised 11/11/2009
Part of your work as an OSU Master Gardener is providing recommendations on managing pest problems. Those recommendations may include using pesticides to solve the problem. Misuse of pesticides can have adverse effects on the environment and on the personal safety of gardeners and their families. Inappropriate pesticide treatments are not a substitute for sound gardening practices. Alternative methods may be more appropriate for managing pests in home gardens.

Oregon State University, other land grant universities, and federal and state agencies focus substantial amounts of time and money toward developing agricultural pest management methods that rely less on the use of pesticides and more on an integrated approach to pest management. OSU Master Gardeners are encouraged to become familiar with the process of Integrated Pest Management, as it applies to the home, lawn and garden.

OSU Master Gardeners should explore all types of research-based information appropriate to their local conditions. Rather than being prescribed a particular solution, clients are given several possible methods to manage pest problems. These methods may include cultural, mechanical, biological, and chemical controls that are safe and effective. When giving recommendations, clarify the source of the information (e.g. Extension materials, research papers, or personal experience). The client determines which method to use.

You will receive training during your Master Gardener classes that will enable you to give recommendations that fit OSU Extension policy guidelines. This contract will serve as a formal basis for Master Gardener involvement in pest control recommendations.

1. I understand that as a Master Gardener my pest control recommendations must be limited to home, lawn, and garden problems; questions concerning commercial crop production, commercial pest control, aquatic weed control, and pesticide liability are to be referred to the county Extension specialist.

2. I understand that as a Master Gardener I may recommend a chemical for home and garden pest control only if that use has been recommended by OSU or other approved resources.

3. I understand that as a Master Gardener I may recommend biological control organisms or other nonchemical alternatives for home and garden pest control only if the recommended use is contained in current OSU Extension publications or other publications recognized as credible by OSU scientists.

4. I understand that as a Master Gardener I will provide a summary of effective and safe pest management recommendations, which may include nonchemical and chemical pest management options, allowing the client a choice of strategies.

5. I understand that pesticides must be applied with care and only to plants, animals, or sites listed on the pesticide label and recommended by OSU. When mixing and applying pesticides, all label precautions must be followed to protect the applicator, other persons, and the environment. It is a violation of federal law to disregard label directions. If there is any apparent conflict between label directions and the pesticide uses suggested by OSU publications, the county Extension specialist must be consulted.

6. I understand that as a Master Gardener I am not required to be a licensed pest control applicator or consultant to recommend pesticides registered for home and garden use.

(Continued on next page)
7. I understand that as a Master Gardener I am considered a volunteer representative of OSU. Therefore, OSU will assume liability for my pest control and pest management recommendations, but only if my recommendations are limited to control measures that are in accordance with the pesticide label and recommended by OSU for home and garden use.

Please check one of the following, sign, and return with your materials fee and application form.

____ Yes, as an OSU Master Gardener I will subscribe to the above requirements.

____ No, I cannot subscribe to the above policy, and I understand that I therefore cannot be certified as an OSU Master Gardener.

Signature _______________________

Date ____________________________

Printed name ____________________

Last Revised 11/11/2009
**Personal Release**

I authorize Oregon State University, Oregon State University Extension and the Oregon State University Extension Master Gardener Program acting pursuant to its authority to:

(a) Record me on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, World Wide Web, video, or audio.

(b) Use my name, likeness, voice, and biographical material in connection with recordings.

(c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right to inspect or approve the finished medium or the use to which it may be applied.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraphs and am knowingly and voluntarily executing this release.

___________________________________________________________
Signature Date

___________________________________________________________
Name (PLEASE PRINT)

___________________________________________________________
Title

___________________________________________________________
Organization

___________________________________________________________
Street

___________________________________________________________
City State Zip

___________________________________________________________
Telephone (area code first)

___________________________________________________________
Parent/Guardian signature (if under 18)

___________________________________________________________
Parent/Guardian Name (printed)

*For Use by OSU Extension Master Gardener Program. Form last updated November 11, 2009.*

Received by__________________________ Date________________
**Legal Name:** Last             First                     Middle

**Date of Birth (MM/DD/YY):**

**Driver's License Number and State Issued:**

**Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.):**

**Current Mailing Address:**

**Male _____   Female  ______**

**Home Telephone Number:**

**Message Telephone Number:**

**List your residences outside the current county in which you have lived during the past ten years (use the back of this form if necessary):**

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**Title of volunteer service position or activity for which you are applying:**

**OSU department in which the volunteer service will be performed (Extension Service, include the county to which you are applying):**

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Oregon State University (OSU) is authorized by state law ORS 181.555 and ORS 802.179 to conduct a credit, criminal or motor vehicle records background check for purposes of qualifying an individual for volunteer service. Successful completion of a credit, criminal or motor vehicle records background check is a condition of your volunteer association with OSU.

**IMPORTANT:** List all criminal convictions, even if they took place a long time ago. A conviction includes a plea of no contest, plea of guilty, or any court determination of guilt. Not all crimes are considered disqualifying. However, misrepresentation, misleading or false information, or failure to reveal required information requested will disqualify an individual from consideration for volunteer service or removal from volunteer service. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

In conducting credit, criminal and motor vehicle records background checks, OSU may use information maintained by the Oregon State Police, Federal Bureau of Investigation, credit agencies, law enforcement agencies and other records resources. OSU may request you to submit fingerprints for the purposes of conducting such a background check.

You will not be permitted to engage in volunteer services or activities, or your current volunteer association with the university will be rescinded, if you refuse to comply with a request to complete this form and participate in a credit, criminal, or motor vehicle record background check, or if you refuse to submit fingerprints.

You are entitled to review the credit, criminal and motor vehicle record history information maintained by the Oregon State Police, the Federal Bureau of Investigation, the Oregon Department of Motor Vehicles, and other such agencies who have supplied record history information to OSU. You have the right to challenge information you believe is inaccurate, incomplete, or maintained in violation of any state or federal statute or act. To obtain a copy of such information, you must contact these agencies directly.
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<th>Legal Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Driver’s License Number and State Issued:</th>
</tr>
</thead>
</table>

Have you ever been convicted of any crime (including misdemeanor or felony) and/or motor vehicle conviction in Oregon, or any other state?  ___ Yes  ___ No

If yes, list each crime/conviction, date of conviction, city, and state. (Attach additional sheet, if necessary.)

Have you ever pled guilty or no contest to any crime (including misdemeanor or felony) and/or motor vehicle conviction in Oregon, or any other state?  ___ Yes  ___ No

If yes, list each crime/conviction, date of plea, city, and state. (Attach additional sheet, if necessary.)

Have you ever resigned volunteer affiliation or employment in order to avoid termination or other employment discipline; or to avoid possible civil or criminal proceedings?  ___ Yes  ___ No

If yes, describe:
Certification and Authorization:
I hereby authorize Oregon State University (OSU) to obtain reference information concerning me and to conduct a credit, criminal or motor vehicle record history check(s), as applicable, through law enforcement agencies, credit agencies, the FBI, courts, and other records resources. Information of a confidential and privileged nature is included in this authorization. I also understand that a conviction of a crime against a person or property may negatively impact or prevent me from obtaining a volunteer position with Oregon State University. Failure to comply with the request for authorization to conduct a credit, criminal or motor vehicle record history check(s) will disqualify me from volunteer service with OSU.

I certify that the information I have provided on this form is complete and truthful. I understand that providing misleading or false information or failing to disclose convictions will be basis for disqualification from further consideration for volunteer service with the University. I understand that if I am appointed to a volunteer position, I must inform Oregon State University if I am subsequently convicted of any criminal offense during my appointment or affiliation with the University and its programs.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information for Oregon State University, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this investigation. I also understand that I may appeal to Oregon State University its decision to disqualify me for volunteer service based upon the results of my credit, criminal or motor vehicle record history investigation if I contest that the information revealed by such investigation is incorrect. I have read and understand all of the above information.

Volunteer Applicant’s Signature

Date

Restricted Access: The information you have provided on this form will be utilized as outlined in the OSU policy on background checks. OSU program directors, supervisors and staff will not routinely be provided information from this form or history check(s). They will be provided information by the OSU Office of Human Resources regarding the outcome of the check(s) by indication of a satisfactory or unsatisfactory determination. In order to restrict unintended disclosure, it is important that you submit this form as directed below.

Extension Service Volunteer Applicants:
Please complete and return this form to your county Extension Service Office in a sealed envelope. Please include on the envelope the county to which you are applying. The sealed envelope will be forwarded directly to the OSU Office of Human Resources for processing.

All other volunteer applicants:
Please complete and return this form and send it via U.S Mail to the address below or you may deliver in person to:
Oregon State University
Office of Human Resources
122 Kerr Administration Building
Corvallis, OR 97331-2132
Attention: Employment Services Manager