



Oregon State University
Extension Service
Master Gardener

Coos County, 631 Alder Street, Myrtle Point, Oregon 97458
 541-572-5263 ext. 25299 | Fax: 541-572-5263
 E-mail: Samantha.clayburn@oregonstate.edu

The Coos County OSU Master Gardener™ training begins February 2022. If you are interested in participating in this training, you must complete the application forms, as outlined below, and return them to the Coos County Extension Service no later than Friday, Dec. 17, 2021 at 5 p.m. Applications will be reviewed and considered in the order received, and it's possible that not all who apply will be accepted. Class size is limited to 30 students, so don't delay in returning your completed application and registration fee as soon as possible.

Below is a check-off list to help you complete your application packet and be certain you are returning all necessary paperwork. Please take the time to read the documents before signing them.

Check-off List

	Application – Complete, sign and date.
	Position Description – Review, sign and date
	Code of Conduct – Review, sign and date.
	Conditions of Volunteer Service – This form details the insurance provided to you, free of charge, while you are engaged in your official volunteer activities. It covers injuries of authorized volunteers <u>secondarily</u> to the volunteer's own insurance coverage. It is limited only to injuries due to an accident while performing volunteer duties. Review, sign and date.
	\$150 Training Fee – Make checks payable to OSU Coos County Extension Service. (Fee is refunded if application is not selected). A portion of the training fee, \$50, is returned if you complete your 40 hours of volunteer service by the end of October, 2022. For more information on applying and paying by credit card online, contact the office at 541-572-5263 ext 25299.

Return **ALL** of the above to: OSU Coos County Extension Service, 631 Alder Street, Myrtle Point, OR 97458 no later than **December 17, 2021**.

Accommodation requests related to a disability should be made by December 17, 2021. This publication will be made available in an accessible alternative format upon request. Please contact Master Gardener Program Coordinator Samantha Clayburn, 541-572-5263, ext. 25299, Samantha.clayburn@oregonstate.edu



Coos County Master Gardener Training Application Form

The Oregon State University (OSU) Extension Service Master Gardener™ program develops and delivers research-based information to educate Oregonians about the art and science of growing and caring for plants. The MG Training program facilitates the instruction of a highly educated corps of volunteers who can extend sustainable gardening information to their communities through education and outreach programs.

The Coos County Master Gardener Program is administered by the Oregon State University Coos County Extension Service. Classes begin February 2022, and end in March 2022. They are held online via Canvas.

Applications will be reviewed and considered on a first-come, first-served basis. If you are accepted into the training, you will be notified by December 30, 2021.

Name			Preferred Name for Nametag		
Address			Email Address		
City				Zip	
Phone	Daytime _____		Home _____	Cell _____	
Occupation (if retired, occupation at time of retirement):					
Do you have time in your schedule to attend classes online as well as attend Garden Labs in person plus commit to a minimum of 40 hours of volunteer service from the middle of March through the end of October?				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				Not Sure	<input type="checkbox"/>
Have you ever applied to the Master Gardener Training Program before? If so, when and where?					
Why do you want to become a Master Gardener? <i>Please be as detailed as possible</i>					

Please list volunteer groups you have been involved in, and what type of activity you participated in with these groups. (Leadership, projects, fund raising, schools, service clubs (e.g. Rotary, etc.) church groups, senior citizens, youth groups, etc.)					

Tell us about a special project or activity you have initiated and completed in your community or work. (Special event, fundraiser, church or group event, etc.)					

Years of gardening experience _____. Detail type(s) of gardening experiences and any related formal training and/or your personal gardening interests.

List types of gardening about which you feel most competent and interested in. Examples: lawns, flowers, vegetables, landscaping, foliage, annuals, perennials, native plants, organic gardening, etc.

Do you have any horticulture or garden-related volunteer experience? If so, please describe.

What special skills would you bring to the program (e.g., artistic, computer skills, arts and crafts, construction, photography, finance, teaching, etc.)?

What teaching/communication experience do you have? List types of experiences:

- Writing articles _____
- Speaking to large groups (30+ people) _____
- Speaking to small groups (less than 30 people) _____
- Demonstrations to groups _____
- One to one consultations _____
- Educational art displays _____
- Working with children/teens _____
- Other (please describe) _____

What volunteer opportunities interest you most? *circle all that apply*

- Children's programs ▪ Committees ▪ Special projects (e.g. county fair) ▪ Clerical work ▪ Fundraisers
- Answering questions at Farmer's Market/Plant Clinic ▪ Presentations to local groups ▪ Community/demo gardens

What is your highest degree level? *circle one* None High School AA BS or BA Masters PhD

8. What times of the day are you most available to volunteer?

Weekdays: am pm Except for: _____
Weekends: am pm Except for: _____

There are many reasons why individuals want to be part of the Coos County Master Gardener Program. Please detail the reasons you are interested in receiving this training: (*check all that apply*)

- I will have an opportunity to receive useful training
- I will have an opportunity to share my knowledge with other gardeners
- I will gain practical experience that will help me get a job
- I will be able to provide a service to other people in my community and/or neighborhood
- I can get a tax credit for my volunteer work
- I will receive instructional materials and resources
- I will be able to increase my knowledge in the area of gardening/horticulture
- I will gain a great deal of personal satisfaction
- I will be recognized by people in my community
- I will be able to creatively use my free time
- I will be able to gain new skills
- Other (describe) _____

I wish to be considered for acceptance into the Master Gardener Program training offered by the Oregon State University Coos County Extension Service. I understand and agree to the following:

- Applications will be screened to select the best candidates to assist with consumer horticulture education
- If I am accepted I will become a certified Coos County Master Gardener volunteer once I complete online classes and Garden Labs and pass a written, open book exam with a score of 70% or better
- In exchange for the training made possible by the program, I will volunteer a minimum of 40 hours of volunteer time (20 hrs. educational outreach + 20 hrs. educational outreach or support) during my first year —from the middle of March to the end of October, 2022
- I agree to attend all training classes, submit annual time sheets and follow University policies and procedures while acting as a Master Gardener, as outlined in the attached release/agreement forms
- I agree not to use the Certified Master Gardener designation to promote a commercial venture
- I understand continuing education and additional volunteer hours are required to maintain my certification from year to year (20 volunteer hours + 10 continuing education hours)
- I consent to have my name, address, phone number, email address and photo included in the Coos County Master Gardeners Membership Roster
- I understand that a fee of \$150 is required for initial training materials and agree to pay the fee prior to the beginning of classes, and that \$50 of that fee will be refunded to me if I complete my 40 hours of volunteer service by the end of October, 2022.

Applicant Signature

Date

Return application, along with payment (check made out to OSU Extension Service), by **December 17, 2021** to:

Coos County Extension Service
631 Alder Street
Myrtle Point, OR 97458

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This box is for Extension
Office Purposes:

(Amount Received)

(Check # or CASH)

(Date Received)

(By)



Oregon State University

Extension Service

Master Gardener



Position Description

Title: Oregon State University Extension Service Master Gardener™ Volunteer

Purpose: To provide research based and objective information and educational programs on sustainable home horticulture to the general public.

Brief description of the position

- Answers general public questions and inquiries about gardening, landscape maintenance, pest management 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 faculty and staff.
- Keeps appropriate records, such as volunteer hours and public contacts; client questions and contact information.
- May assist in preparation of specific educational resources.

Optional assigned duties (check if applicable)

- Works directly with persons under the age of 18 years, as part of their assigned volunteer service; in school gardens, community gardens, school garden programs, or in other venues
- Drives a motor vehicle on behalf of Oregon State University Extension, as part of their assigned volunteer service

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.
- Must demonstrate a commitment to diversity and to ensuring equal opportunity for those wishing to benefit from OSU Extension programs and services.
- Should have some knowledge and skills in basic horticulture and related areas.
- Should enjoy working with people.

Supervision

- The county Extension faculty 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 Signature: _____

Date: _____



Oregon State University

Extension Service

Master Gardener



Code of Conduct

This Code of Conduct is an agreement between volunteers who commit to the Oregon State University Extension Master Gardener Program and the Oregon State University Extension Master Gardener program faculty / staff in charge of programming at the county or local level. The Code shall guide the volunteers' behavior during their involvement with the Master Gardener Program.

The OSU Extension Master Gardener Program provides objective, 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. the general public that we serve, volunteers, faculty, staff and other professionals).

Master Gardener volunteers are expected to function within the guidelines of Oregon State University, 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 or local program with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and appropriate behavior.
- Learn about, know, respect, adhere to 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 as a Master Gardener volunteer.
- Comply with equal opportunity and anti-discrimination laws
- Accept supervision and support from Extension faculty or staff while involved in the program.
- Be willing to use and teach research-based practices and concepts in an objective manner. Keep personal opinions and actions separate from the research-based and objective recommendations made as a representative of this organization
- Accept volunteer assignments suited to my personal abilities and follow through and complete accepted tasks in a timely manner.
- When working in an OSU Extension Master Gardener demonstration garden or other Master Gardener site, use garden tools and other equipment in a safe and responsible manner.
- Participate in staff and program evaluations, as requested.

The Oregon State University Extension Master Gardener program will provide

- Mutually agreeable volunteer work assignments that align with the mission and vision of the Master Gardener program,
- Master Gardener volunteer orientation, training, support, and supervision.
- Access to current program requirements, policies and guidance

In addition, Master Gardener volunteers can expect to:

- Be kept informed and be listened to by Extension faculty and staff.

- Be trusted and respected by Extension faculty, staff and coworkers.
- Be valued as a person capable of unique contributions.

Workplace violence prohibited

The safety and wellbeing of OSU Extension employees, clients, volunteers, students and visitors is of utmost importance. Threatening behavior, both verbal and physical, and acts of violence at OSU Extension offices, at OSU Extension events, or by electronic means will not be tolerated. Any person who engages in this behavior may be removed from the premises and may be dismissed from the OSU Extension Master Gardener Program.

If you experience workplace violence while serving as an Extension Master Gardener Volunteer, please communicate with your Extension Master Gardener Coordinator as quickly as possible so the matter can be addressed.

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 09/22/2018

Activity: Master Gardener Program Date(s): November 1, 2021-October 31, 2022

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY

OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You work on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You **MUST** possess a valid driver's license.

WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of OSU.

UNIVERSITY STANDARDS AND POLICIES

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Standards and Policies (including Code of Student Conduct, when applicable) and with any federal, state, city and other applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you **MUST** inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

Please see the Master Gardener Position Description for a list of duties. Volunteer hours: Veteran Master Gardeners-minimum of 20 hours plus 10 continuing education hours. Trainees-minimum of 40 hours. All hours must be completed from November 1, 2021-October 31, 2022. Total volunteer hours to be determined.

TOTAL VOLUNTEER HOURS: see above Estimate total hours for the duration of this activity, up to 12 months.**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Volunteer Name (Please print): _____ Telephone Number: _____

Address: _____ City: _____ State: _____

Volunteer Signature: _____ Date: _____

OSU Supervisor Name: Samantha Clayburn Telephone Number: 541-572-5263 x 25299Unit/Department: Coos County Extension

OSU Supervisor Signature: _____ Date: _____

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

Activity: Master Gardener Program Date(s): November 1, 2021-October 31, 2022**Please read carefully:**

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: _____ Telephone Number: _____

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print): _____

Volunteer Signature: _____ Date: _____

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**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, _____, as a parent or legal guardian hereby grant permission for _____ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: _____ Date: _____

Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.