

**Cooperative Extension Service**

*Hardin County  
111 Opportunity Way  
Elizabethtown, KY 42701  
(270) 765-4121  
<http://hardin.ca.uky.edu>*

**October 1, 2024**

**Dear Interested Master Gardener,**

**Thank you for your interest in the 2025 Master Gardener Program. All the planning is complete and the program will begin on Friday, January 10 at the Hardin County Extension Office.** Classes will then be on the following days: January 14, 17, 22, 24, 29, 31, Feb 4, 7, 11, 14, 26, 28, March 11, 13, and 21. Class times are 9 a.m. to 12 p.m.

The Master Gardener Program is part of the Kentucky Cooperative Extension Service and is designed to expand horticultural knowledge among the community through the use of trained volunteers. Your decision to enroll in the program should be based on a commitment to help others in horticulture. **To become a certified Extension volunteer, you must participate in a 40-hour internship to Cooperative Extension Service programs in return for the training.**

The Cooperative Extension Service is committed to education. To accomplish this, those adopting the Master Gardener Policy must be willing to accept the challenge of wanting to go through a rigorous training including reading, quizzes, and a final exam. Each participant is expected to attend all training sessions and keep up with the material being covered each week. An excellent curriculum has been developed that includes a wide variety of subjects. The program will be taught through classroom lectures, labs, and demonstrations. University of Kentucky Extension Specialists, Horticulture Agents, and resource people will provide instruction from the community. A Master Gardener Handbook and other resource information will be provided to each participant.

A supplies fee of \$100 will be charged to cover cost of resource material. If you are in need of financial assistance, contact me for options. Please make your check payable to: Hardin County Extension Office.

If you would like to participate, please fill out the application and send it and the supply fee to me no later than November 15, 2024 by 4:30 p.m.

I am looking forward to working with this new Master Gardener group. If you have any questions, please do not hesitate to call me.

Sincerely,

  
Amy Aldenderfer  
County Extension Agent for Horticulture





Kentucky Extension  
Master Gardener

# Volunteer Application

## Kentucky Cooperative Extension Service

### Extension Master Gardener



Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

### GENERAL INFORMATION

Name \_\_\_\_\_

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Work \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address (If different from above): \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_ years

If less than seven years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP) (Length of Stay)
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP) (Length of Stay)
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP) (Length of Stay)
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP) (Length of Stay)

**Ethnicity:** (check one):  Hispanic or Latino  Not Hispanic or Latino

**Racial Groups** (check all that apply):  White  Black or African American

American Indian or Alaskan Native  Asian

Native Hawaiian or Other Pacific Islander

**Gender:**  Female  Male  Other

**Occupation:** \_\_\_\_\_

Have you been convicted of two or more moving vehicle violations in the last 12 months?

Yes     No If yes, please explain:

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**Previous Volunteer Experience** (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

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ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
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ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
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ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
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**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Work \_\_\_\_\_

**PERSONAL REFERENCES**

List two people, not related to you, who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1. NAME: \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

2. NAME \_\_\_\_\_ mobile \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

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Signature of volunteer

Date

Do you have any special needs? If yes, please describe:

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What is your interest or experience in horticulture (gardening)?

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When would you be able to volunteer?

Days  Evenings  Weekends  Other: \_\_\_\_\_

Please check each of the following volunteer experiences according to your interest.

This DOES NOT mean you will be volunteering in these areas.

<b>I LIKE TO:</b>	<b>A Lot</b>	<b>A Little</b>	<b>Not at All</b>
Speak to groups			
Speak to individuals			
Judge county fairs; state fair			
Work in small groups			
Work with the media			
Serve in volunteer organizations			
Write newsletter articles			
Write subject matter fact sheets			
Preside at meetings			
Organize programs/events			
Horticulture photography			
Camp/recreation			
Collaborate with community gardens			
Keep records/do paperwork			
Organize gardening contest			
Serve on committees			
Develop educational exhibits			
Type/computer/newsletter			
Develop posters and visual aids			
Fund raise			
Coordinate a demonstration garden			
Answer Hort-Line			
Give tours of gardens			
Other skills you have:			

Are there certain things you are good at but just not interested in doing as a volunteer? For example, you might spend your days developing and managing websites but would rather do something entirely different as a volunteer.

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Conversely, are there certain skills you would **love** to develop and are seeking a volunteer position that will help you do just that?

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Do you have access to any of the following?

- Pickup truck
- Utility trailer
- Wheelbarrow
- Ladder
- Chain Saw
- Shovels, trowels, and weeders
- Pruners
- Strong back
- Gardening tools

# Kentucky Extension Master Gardener

## VOLUNTEER POSITION DESCRIPTION

### POSITION TITLE:

- Master Gardener

### TIME REQUIRED / DURATION OF APPOINTMENT:

- 40 hours of volunteer service, over a one-year period

### LOCATION:

- Various locations in Hardin County

### GENERAL PURPOSE:

- To facilitate programs of the Hardin County Cooperative Extension Service and provide research-based information to protect and enhance horticulture in the community.

### SPECIFIC RESPONSIBILITIES:

- Provide leadership and volunteerism to further advance horticulture in Hardin County.

### QUALIFICATIONS:

- Must complete the Volunteer Application process and be approved by the Youth Protection Risk Management Committee.
- Commitment to the educational and volunteerism components of the Master Gardener Program.

### BENEFITS:

- This program provides over forty-five hours of instruction by area horticulture agents, local industry professionals and experts from the University of Kentucky.
- Growing better lawns with less effort, understanding how soils affect plant performance and learning to use pruners courageously are just three of the topics covered. Fruit, flower and vegetable gardening, composting, tree and shrub selection and planting, and diagnosing plant problems.

### SALARY:

- Unsalaries; volunteer.

### MENTOR / SUPERVISING PROFESSIONAL:

Amy Aldenderfer, County Extension Agent for Horticulture Hardin County Extension Office 111 Opportunity Way, Elizabethtown, KY 42701

Phone: (270) 765-4121

Email: amy.aldenderfer@uky.edu

Signature of Volunteer\_\_\_\_\_

Signature of Extension Professional\_\_\_\_\_

Date\_\_\_\_\_

## **Motor Vehicle Record (MVR) Release and Information Form**

Please provide all requested information and email form to [Eausby@uky.edu](mailto:Eausby@uky.edu) in UK Risk Management

UK Risk Management  
306 Peterson Service Building  
Lexington, KY 40506-0005  
Phone: (859) 257-3708

Services provided by:  
Underwriter's Safety & Claims  
Phone: (502) 244-1343

Please attach scan of  
Drivers' License.

### **Department Information:**

**UK Department:** Cooperative Extension Service **Department Number:** 81W06

**Supervisor/Contact:** Amy Aldenderfer **Supervisor/Contact Phone:** 270.765.4121

Employee  Volunteer  Other: \_\_\_\_\_

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.

Driver's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to Eunice Ausby at [Eausby@uky.edu](mailto:Eausby@uky.edu)



**University of Kentucky Extension Volunteer Criminal Record Check Request  
DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS**

***Please Read Carefully Before Signing the Authorization***

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) as well as two personal references.

For explanation purposes:

- a “criminal record check” is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a “personal reference” is a report of information on your character, reputation, personal characteristics, or mode of living obtained from prior employers, neighbors, friends, associates, or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and “A Summary of Your Rights under the Fair Credit Reporting Act.” (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA. To obtain a Criminal Record Check, please provide the additional information:

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Maiden/Alias Names Used:** \_\_\_\_\_

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

***I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.***

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

## Child Abuse and Neglect Registry Check Authorization

In addition to the other background check requirements of the University, volunteering with the University of Kentucky Cooperative Extension Service requires receipt of a letter from the Cabinet for Health and Family Services stating you have no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records. The Child Abuse and Neglect Registry (CAN) check may be updated periodically. Should this process reveal an adverse event, as determined by the University of Kentucky in its sole discretion, or should you falsify your application by neglecting to disclose requested information or by providing incorrect information, your volunteer role may be suspended or terminated.

**PLEASE READ CAREFULLY:** I hereby authorize the University of Kentucky to complete a child abuse and neglect registry check ("CAN Check") on me. I further understand and acknowledge that volunteering with the University of Kentucky Cooperative Extension Service is contingent upon the successful completion of the CAN Check, as determined by the University in its sole discretion. I understand and agree that the CAN Check may be updated periodically, and that successful completion of the CAN Check is required. I understand and agree that my full participation in and cooperation with the CAN Check both before and during volunteering with the University of Kentucky Cooperative Extension Service is voluntary, and that should I choose not to participate and/or cooperate with the CAN Check, my volunteer role will be terminated. I further understand and agree that all University of Kentucky Cooperative Extension Service volunteers serve at the will of the University of Kentucky and volunteer roles may be suspended or terminated by the University in its sole discretion with or without advance notice.

I hereby authorize the University of Kentucky to obtain these CAN Check reports from the Kentucky Cabinet for Health and Family Services or any consumer/credit reporting agency for purposes of determining my eligibility to volunteer with the University of Kentucky Cooperative Extension Service.

I hereby assume any and all risks associated with this CAN Check and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to the CAN Check.

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

# Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work as a volunteer is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents, and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I will ensure that educational programs of KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor or Agent \_\_\_\_\_ Date \_\_\_\_\_

# Criminal Record (Background) Check Results

## Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service (“COMPANY”) may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860. [www.sterlingvolunteers.com](http://www.sterlingvolunteers.com), a consumer report and/or an investigative consumer report (“REPORT”) that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record, and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal reference.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service (“COMPANY”) and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, [www.sterlingvolunteers.com/](http://www.sterlingvolunteers.com/) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau’s “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

Applicant’s Name (Printed): \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Checklist of items to attach:**

- Volunteer Reference Form (2)
- Interview Notes
- Interview Notes and Reactions
- CAN Check Results
- Criminal Background Check Results
- Volunteer Position Description
- Volunteer Reference Forms