

JMG® Junior Master Gardener® Registration Agreement Form



**We request through this Registration Agreement Form to be an official JMG group.
Our group has met all of the following criteria:**

1. A minimum of five youths
2. One or more adult teacher/leader(s)
3. Suitable meeting facilities (classroom, garden area)
4. An official club or group name (JMG office reserves the right to modify name)

JMG group name desired _____

JMG site/campus/district _____

County where JMG group is located _____

Designated JMG teacher/leader _____ Date _____

Address _____ Telephone _____

_____ E-mail _____

City State ZIP

(Notify of any address changes)

Submitting this form:

The group teacher/leader should complete this form and submit it to the JMG Program headquarters at Texas A&M University:

National Junior Master Gardener Program
225 Horticulture/Forestry Science Building
Texas A&M University
2134 TAMU
College Station, Texas 77843-2134
Phone: (979) 845-8565
Fax: (979) 845-8906

If you have questions about
registering or need help with the
registration forms, please call us!

*Educational programs conducted by Texas Cooperative Extension serve people of all ages,
regardless of socioeconomic level, race, color, sex, religion, disability, or national origin.*

JMG Teacher/Leader signature

Date

JMG® Junior Master Gardener® Member Group Enrollment Form JMG 1-5.061



County name _____
 JMG group name _____
 JMG group teacher/leader _____

Date ____/____/____

SECTION I - Unit Information: Type of 4-H organization (Check only one)

- 1. Community
- 2. Project
- 3. School
- 4. Community Partnership
- 5. Special Interest
- 6. Curriculum Enrichment
- 7. Camping
- 8. ENP-Y
- 9. Clover Kids (K-2)

FOR OFFICE USE ONLY

County Number _____
 Unit/Club Number _____

SECTION II - Distribution of Members by: Totals in this section for age, residence, race and gender should all be the same.

Age

Grade level	Number of participants
K	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
12+	
N.I.S.	
Special	
Total	

Residence

Residence	Number
Rural/Farm	
Town less than 10,000	
City between 10,000 and 50,000	
Suburb of city more than 50,000	
Central city more than 50,000	
Total	

Race and Gender

	Males	Females	Totals
White—not of Hispanic origin			
Black—not of Hispanic origin			
American Indian or Alaskan Native			
Hispanic			
Asian or Pacific Islander			
Totals			

If all participants are of the same race, please answer the following questions:

Is this unit in a racially mixed community (at least two different racial groups)? Yes No

Is this unit integrated? Yes No

JMG Project Code

Code	10089
Males	
Females	

JMG® Junior Master Gardener® Leader/Teacher Registration Form JMG 2-1.065

JMG Group Name _____ Unit/Club Number _____

Check (✓) preference

Mr. Mrs. Ms. Dr.

Name _____ (Last) _____ (First) _____ (Middle initial)

Mailing address _____

City/town _____ ZIP _____

Phone number: Home () _____ Work () _____

E-mail address: _____ Male Female
 Adult Youth

This information is requested to gather statistics for compliance with nondiscrimination requirements.

Check (✓) only one

- 1. American Indian or Alaskan Native
- 2. Asian or Pacific Islander
- 3. Black-not of Hispanic origin
- 4. Hispanic
- 5. White-not of Hispanic origin

Residence

Check (✓) only one

- 1. Rural/farm
- 2. Town less than 10,000
- 3. City between 10,000 and 50,000
- 4. Suburb of city more than 50,000
- 5. Central city more than 50,000

Major Leadership Responsibility

- 1. Club manager
- 2. Project leader
- 3. Activity leader
- 4. JMG volunteer (specify) _____
- 5. Other (teacher, etc.) _____

Type of 4-H Unit

Check (✓) only one

- 1. Community
- 2. Project
- 3. School
- 4. Community Partnership
- 5. Clover Kids (K-2)
- 6. Special Interest
- 7. Curriculum Enrichment
- 8. Camping
- 9. ENP-Y

Code Project Name

10089 Junior Master Gardener

Years as a 4-H Leader (including this year) _____

Date _____ Signature _____

Educational programs of Texas Cooperative Extension are open to all people without regard to race, color, sex, disability, religion, age or national origin.

Do you work directly with youth?

Yes No

4-H alumnus: Yes No

State _____
 County _____

The following information is **REQUIRED** in support of the Texas 4-H and Youth Development Program's commitment to continually guarantee the safety of the members during 4-H participation. I verify that I have been previously screened, including a criminal background check, and **PASSED**.

Yes No

If yes, by who? _____ When (year)? _____

For what purpose? _____

Did you pass? _____ If not, what restrictions were imposed? _____

Volunteer Interest

Have you previously served as a 4-H volunteer? Yes No

If yes, _____ County _____ State How many years? _____

Address at the time: _____

Personal Information (To be completed by volunteers 18 years or older)

Do you have a current/valid driver's license? Yes No

Do you have automobile liability insurance? Yes No

Other names you have used, including maiden name: _____

Have you ever been convicted of or received deferred adjudication for a violation of any local, state or federal law, other than (1) a minor traffic violation for which the fine was \$200 or less, or (2) any offense which was finally settled in a Juvenile Court or under a Welfare Youth Offender Law? (This includes a plea of guilty or no contest.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions below, from the oldest to the most recent.			
Date of Conviction (MM/YR)	Misdemeanor (check if appropriate)	Felony (check if appropriate)	Offense (Do not use abbreviations)

References

1. Name _____ Address/City/ZIP _____ Phone _____

2. Name _____ Address/City/ZIP _____ Phone _____

3. Name _____ Address/City/ZIP _____ Phone _____

I hereby authorize VERIFYI and/or its Service Provider and Texas Cooperative Extension to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History and my Credit History, including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681. I authorize Texas Cooperative Extension or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with Texas Cooperative Extension.

The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and that a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and its Service Provider and all of its Subsidiaries, Affiliates, Officers, Employees, Contract Personnel or Associates from any and all claims and liability arising out of any request for information or records pursuant to this authorization and/or procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

My signature below indicates that:

- I give permission for photos or videotapes of myself to be reproduced for promotional or educational purposes.
- I give permission to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I may choose not to participate in surveys or evaluations without any impact on my eligibility to serve with Texas Cooperative Extension. I understand that I will be asked for my verbal assent before completing a survey or an evaluation.

Date

Volunteer Signature