



Tarrant County Master Gardener Application

I would like to become a Tarrant County Master Gardener and be trained by Texas A&M AgriLife Extension Service Tarrant County. I understand that in addition to my training, I am required to volunteer 72 hours of my time to the Master Gardener program during the first year. This obligation includes 4 hours a month at the Extension Office and the remainder on community horticulture projects approved by the Tarrant County Horticulture Agent. I also understand that I will be a Certified Master Gardener when I complete my training **and** volunteer hours. If accepted, I agree to immediately pay the fee of \$325.00 for training materials. (*After the first year each Master Gardener is **required** to volunteer 36 hours per year to remain a Certified Master Gardener*). Please submit your application by **January 15, 2022**, to:

Texas A&M AgriLife Extension Service
ATTENTION: Horticulture Office
P.O. Box 1540
Fort Worth, Texas 76101-1540

I, _____, the undersigned, agree to attend all classes and volunteer 72 hours of which four (4) hours a month will be at the Extension Office. I hereby certify that the information given on this application is true and correct.

Signed _____ Date _____

Name (Print) _____

Address _____

City _____ State: TX Zip _____

Phone (Day) Contact #: _____ *Precinct _____
(# is on your Voter's Registration Card)

Emergency Contact: _____ Phone _____

Birthday Month _____ Birthday Day _____

Email Address: _____

If you need any special accommodations, please contact Brittney Meyer or Veronica Cabral at 817.884.1946 by January 15, 2022 so we may consider your request.



Please complete the following:

Years living in Tarrant County: _____

Years of gardening experience (not required): _____

Do you have special gardening interests? _____

Herbs? _____

Native plants? _____

Other? _____

Please list group affiliations: garden clubs, community gardens, plant societies, civic organizations, etc.: *(note any offices held)*

Please list any post-secondary education/diploma:

Are you presently employed and if so, where?

Company Name: _____

Address: _____

Telephone Number: _____ Full Time Part-time

How did you hear about Master Gardeners, or who recommended the Texas Master Gardener program to you?



The Master Gardener classes are from 9:00 a.m. to 4:00 p.m., Tuesdays and Thursdays , in March, April , and May. To the best of your knowledge, will you be able to attend all classes?

Yes No Will or may miss (*how many?*) _____

In addition to the Master Gardener training, there is an obligation to volunteer 72 hours of service during the intern year. Most volunteer opportunities are available during the day, Monday through Friday. Will you have any problems fulfilling these requirements?

Yes No Maybe

Times that I may be available for volunteer work (please enter an 'x' in areas):

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Becoming a Master Gardener is important to me because:

(0-Not Important to 5-Most Important)

0 1 2 3 4 5

1. I will be able to increase my knowledge of gardening:
2. I will be able to gain new skills as a gardener:
3. I will have the opportunity to receive useful training:
4. I will be able to provide a service to other people in my community and/or neighborhood:
5. I will have the opportunity to share my knowledge with other gardeners:
6. I will gain a great deal of personal satisfaction:
7. I will be able to creatively use my free time:
8. I will be certified by the Texas A&M AgriLife Extension Service:
9. I will receive quality instructions and materials:
10. I will gain gardening experience that can help me get a job:
11. I will be recognized by people in my community:
12. I can get a tax credit for my volunteer work:

Audio/Photo/Video Ongoing Consent Form

Subject's Name (please print)

Date

I permit Texas A&M Agrilife Extension Service, Texas A&M System, to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice for educational, marketing, and publicity purposes through any media. I acknowledge that the pictures or recordings taken on this date then become the sole and exclusive property of Texas A&M Agrilife Extension Service and the Texas A&M System. I release Texas A&M Agrilife Extension Service and the Texas A&M System from any and all claims that might arise from the use of these images and recordings.

Signature of Subject (if age 18 or older)

Parent or Legal Guardian (if subject is under 18)

Address (please print)

Address (if different from minor's)

City, State

City, State

Area Code and Phone Number

Area Code and Phone Number (if different from minor's)

If subject is under 18 years old, a parent or legal guardian must write the minor's name as the subject and grant permission by signing on the appropriate line.

-----FOR SCHOOL OFFICIALS ONLY-----

I affirm that students of _____ can be photographed, interviewed, and/or videotaped because all relevant permissions have been secured in advance by the school.

Signature

Title

Texas A&M Agrilife Extension provides equal opportunities in its programs and employment to all persons, regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity. The Texas A&M University System, U.S. Department of Agriculture and Commissioners Courts of Cooperating. Individuals with disabilities who require an auxiliary aid service, or accommodation in order to participate are encouraged to contact our office at 817-884-1945, at least one week in advance for assistance.

Volunteer Application Form

And consent for criminal background history check authorization/waiver

To be completed by Extension program volunteers (ENP, BLT, etc.) and Master Volunteers only.

Please print:

1. APPLICANT'S FULL, LEGAL NAME

2. COUNTY

3. ADDRESS

4. CITY ZIP

5. FIRST 5 DIGITS OF SOCIAL SECURITY NUMBER

6. DATE OF BIRTH

7. DRIVER'S LICENSE NUMBER (optional)

8. GENDER Male Female

9. Are you of Hispanic ethnicity? Yes No

10. VOLUNTEER PROGRAM AREA

RACE (check one) White Black Asian American Indian
Alaskan Native Native Hawaiian Pacific Islander

Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED. Yes No

If yes, by who? When (MM/YYYY):

For what purpose?

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

Please sign at the bottom of the form.

12. I hereby authorize VERIFY! and/or its Service Provider and the Texas AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. I authorize the Texas AgriLife Extension Service 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 the Texas AgriLife Extension Service. This request is for criminal history only. No credit report will be requested or obtained.

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 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 VERIFY! and their Service Provider and all of their 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 VERIFY! 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.

13. Date

14. Applicant's Signature

Volunteer Application Form Instructions

1. Applicant's Printed Name – Complete with first name, middle name and last name.
2. County – Complete with the county name in which you are applying to be a volunteer.
- 3/4. Address – Complete with your current mailing address, city and zip code.
5. Social Security Number – Complete with at least the **first five** digits of the social security number. The social security number is an individual descriptor that enables the system to complete a national criminal search of 47 jurisdictions.
6. Date of Birth – Complete with the month, day and year of birth.
7. Driver's License Number – Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
8. Gender – Complete by circling one of the options.
9. Race – Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
10. Volunteer Program Area – Complete with the program area you are volunteering for (e.g., Better Living for Texans, Expanded Nutrition Program, Master Gardener, Master Naturalist, Master Wellness Volunteer).
**4-H volunteers should complete the Texas 4-H Adult Volunteer Application (4-H 2-1.056)*
11. Previously Screened – Texas AgriLife Extension Service will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Texas Youth Commission, Department of Defense – Child and Youth Services, Department of Defense – Family Programs, concealed handgun license; and/or licensed childcare workers.
** The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.*
*** Other sources may be considered based on documentation provided with screening criteria and specifics.*
**** Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to the Texas AgriLife Extension Service stating you have been screened and tested.*
12. Authorization Statement – State agencies screening volunteers are required by legislation to use the Volunteer Center of North Texas. The Volunteer Center contracts with VeriFYI. VeriFYI is a background software system that accesses multi-jurisdiction checks utilizing one of the largest private-sector criminal history databases in the nation (180 million records). All information received is held in confidence and not shared at the county level. Criminal record results are shredded when a volunteer's status is determined.
13. Date Completed
14. Applicant's Signature