

University of Idaho Extension Idaho Master Gardener™ Program

OPPORTUNITY CONTRACT

I wish to become an Idaho Master Gardener. I understand I must complete the classroom instruction, finish all quizzes and exams, complete all lab work, and complete volunteer hands-on training to become certified. I realize that part of my hands-on training hours must be spent at, or arranged through, the UI Extension office where I complete my training. I also understand that I can sign up for more than one hands-on project and volunteer more than the required number of hours.

If I am accepted into the Idaho Master Gardener training program and /or become certified as an Idaho Master Gardener, I will abide by all regulations and policies of University of Idaho Extension.

As a certified Idaho Master Gardener, I agree to provide University of Idaho pest control recommendations even if they include synthetic chemical pesticides. I also agree to become, or work under, a person licensed as an Idaho pesticide applicator.

I understand that as an Idaho Master Gardener, I am considered a volunteer representative of the University of Idaho. Therefore, the University of Idaho will assume liability for my pest control recommendations, but only if my recommendations are in accordance with the University of Idaho pesticide policies found in chapter 1 of the *Idaho Master Gardener Program Handbook*.

Name (please print) _____ Date _____

Address _____ Zip Code _____

Phone (day) _____ Phone (evening) _____

Signature _____ Date _____

All certified Idaho Master Gardeners are required to provide volunteer service. One important function is to assist the local county UI Extension educator in the office, answering horticulture-related inquiries in the spring and summer. Time commitments vary by county. Indicate the days and months that are convenient for you. You will be contacted for specific dates.

MONTH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						

My schedule is flexible. I can be available almost anytime with advance notice.

I speak a language other than English. Yes (language _____) No

(continued)

University of Idaho Extension

Idaho Master Gardener Program

OPPORTUNITY CONTRACT—PAGE 2

Select several project areas of interest to you.

Plant Clinic

- Plant clinic (identifying plant problems)

Garden Projects

- City beautification
- 4-H/youth garden projects
- Weed/insect collection
- Demonstration garden
- Senior citizen garden project

Support Activities

- Artwork, calligraphy
- Photo album, photography

Communications/Writing

- Garden newsletter articles
- Newspaper articles
- Publicity for Idaho Master Gardener Program

Landscape Design/Maintenance

- Extension office landscape
- Other landscapes (must be approved by the Master Gardener coordinator)

Speaker's Bureau

- Speaker/presenter (topic) _____
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- For youth groups only
- For adult groups only
- Audience make-up is not crucial

Special Events

- Information booths
- Fundraising events
- Garden tours

Office Assistance

- Filing/organizing paperwork
- Typing, mailing, stapling, collating
- Telephone answering

Other

- Special project (topic) _____
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Return this form to the University of Idaho Extension office in your county.

At the University of Idaho we respect your right to privacy and we understand that participants need to be in control of their personal information. "Personal information" includes, but is not limited to, name, address, telephone number and e-mail address. The University of Idaho does not sell, rent, swap or otherwise disclose any of this information other than for the sole purpose of Civil Rights reporting.