

Cornell University
Cooperative Extension
Rockland County

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Thank you for your interest in the upcoming 2018 Master Gardener Volunteer (MGV) Training Program. The MGV program is a wonderful way to learn and grow with fellow volunteers who enjoy similar interests, while improving the environment and natural beauty of your community. I welcome you as a future volunteer for Cornell Cooperative Extension Rockland County!

Master Gardener Volunteer training will be held from 9:00am-4:00pm on Thursdays (approximately 17 weeks,) beginning September 6, 2018 through early February 2019. Possible snow dates could extend the training into late February/early March. This year, the training will be held at Cornell Cooperative Extension Rockland County in Stony Point, NY.

Upon completion of your training, you will be asked to donate at least 100 hours of volunteer time over a two-year period. You will have many opportunities to volunteer: teaching classes and workshops, working with children and teachers in schools, assisting community garden projects, teaching horticulture therapy programs, answering gardening questions at community events, volunteering in our horticulture lab and other activities determined by Rockland CCE's plan of work. As a result of CCE Rockland's frequent projects with youth, the elderly and individuals with disabilities, all volunteers at Cornell Cooperative Extension are required to participate in a federal background check.

Those who apply to be Master Gardener Volunteers go through an interview process and the majority of applicants are accepted into the training. Interviews will be scheduled in the late spring of 2018 and acceptance letters mailed in mid-summer. The \$300 registration fee is due by August 15th, 2018. This year, students will receive an electronic version of the 500-page Master Gardener Training, however if you prefer a paper version, there is an additional \$75 fee for the printed manual.

If you are interested in joining the Master Gardener Volunteer Program, please review and return the following (forms can be downloaded from our website) to my attention before July 15, 2018:

- Volunteer Application and Interest Survey
- Signed Volunteer Agreement and Code of Conduct
- Two letters of reference (Please use the same people you list on your application; they cannot be related to you.)

If you have any questions, please contact me. I look forward to receiving your application and meeting you.

Sincerely,

Kristen Ossmann
Horticulture Educator

Building Strong and Vibrant New York Communities

Master Gardener Position Description

Cornell Cooperative Extension of Rockland

Title: Master Gardener Intern/Volunteer

Purpose of Position: To provide Rockland's youth and adults unbiased gardening information that is based on research or reliable experience, through a "neighbors-teaching-neighbors" educational program.

Responsibilities:

1. Successfully complete the required Master Gardener Volunteer Training Program and remain current through participation in recommended training opportunities throughout the agreed term of volunteer service.
2. Serve as a horticultural resource as outlined in the plan of work of the sponsoring Cornell Cooperative Extension of Rockland County.
3. Professionally represent Cooperative Extension within the community; encourage enrollment in and support for the organization.

Expected Results: The residents and communities of Rockland will be better informed of environmentally sound gardening practices and be better able to make decisions based on the counsel and advice of Master Gardener Volunteers.

Training and Support:

- Orientation to the Cornell Cooperative Extension System, its mission and that of the Master Gardener Volunteer program
- Master Gardener Volunteer Training Program (a foundation course in gardening) as well as refresher classes, field trips and workshops to enhance expertise and ability to communicate information related to ecological gardening and related topics to the public. In Rockland County there is a registration fee of \$300.00.
- Orientation to the operational and risk management procedures
- Periodic opportunities for statewide, regional, and national conferences. Participation is encouraged to expand your knowledge and remain current.
- Extension Educators with knowledge of horticultural sciences as well as experienced Master Gardener volunteers active in the program provide support
- Your supervisor is Horticulture Educator Kristen Ossmann

Reporting: Each Master Gardener Volunteer is expected to maintain records and submit quarterly reports with program contacts, recommendations and time devoted to volunteer activities.

Time Commitment:

- A Rockland County Master Gardener Intern is expected to contribute a minimum of 100 diversified hours (Demo Garden, Horticulture lab, School Gardens and Hort Therapy) for a period of two years in exchange for the training provided.
- To remain "active," in keeping with the NYS Master Gardener Program Standards, a Rockland County Master Gardener Volunteer is expected to contribute at least 36 volunteer hours per year.

Qualifications:

- a basic interest in and knowledge about landscape and food gardening
- enthusiasm for acquiring and sharing horticultural knowledge and skills – and interest in teaching others
- good verbal and written communication skills
- a time schedule compatible with program activities
- willingness to volunteer time on horticultural projects and educational activities that help meet the goals of the county's Cornell Cooperative Extension Program

Benefits:

- Satisfaction of serving your community to extend the educational mission of Cornell Cooperative Extension
- Interaction with people in your community with similar interests and talents in gardening and landscaping
- A deeper understanding of the science and art of horticulture and its allied sciences

VOLUNTEER APPLICATION

Cornell Cooperative Extension of Rockland

Part I – All applicants must complete this part. Position desired: _____

Name _____
(Last) (First) (Middle)

Address _____

(Street/PO Box) (Town) (Zip)

E-mail address _____ Have you passed your 18th birthday? _____

Phone: Day _____ Night _____
(Best time to call) (Best time to call)

Part II – Applicant Profile: The information requested is used solely for placement and training

A. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?

B. List volunteer, paid or educational experiences you have had that relate to the volunteer position you seek.
(Activity or Position) (Organization or Employer) (Dates)

C. List any skills, hobbies, interests or languages spoken that might be helpful in your volunteer work.

D. When are you available? State days of week, times of day and months of year. _____

E. If the position you desire involves teaching or working with groups, check the audience(s) you prefer.
() adults () senior adults () youth – grades __ K-2 __ 3-5 __ 6-8 __ 9-12

Please list your interests in working with special needs children, children or adults with disabilities, limited-resource families, or specific ethnic or cultural groups.

F. Do you have an independent and reliable means of transportation? _____

Part 3 – All applicants must complete this part.

Accommodations: Given the expectations and essential functions of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed.

Volunteer History: If you have ever been involuntarily terminated from a volunteer position please tell us when and why?

Driver’s License # _____ **State** _____

Delinquency History: A criminal record will be evaluated only in relation to the volunteer position for which you have applied; seriousness and nature of offense, time elapsed and rehabilitation will be considered.

Have you ever been convicted of a criminal offense? _____ If yes, please give date, nature of the offense and disposition.

If the volunteer position you are seeking involves work with children, the elderly or individuals with disabilities, have you ever been held accountable for abuse, maltreatment or neglect? _____

If so, please explain:

References: List two persons **not related to you** who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed.

1. **Name** _____

Address _____

(Street/PO Box) (Town) (Zip)

Phone _____ **How do you know this person?** _____

2. **Name** _____

Address _____

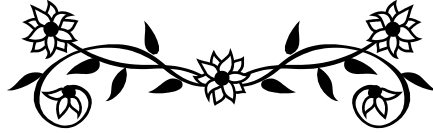
(Street/PO Box) (Town) (Zip)

Phone _____ **How do you know this person?** _____

I authorize contact of listed references and verification of delinquency history. I release all parties contacted from all liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer.

Date _____ **Signature** _____

Cornell Cooperative Extension actively affirms equality of program and employment opportunities regardless of race, color, national origin, religion, disability, age, gender, sexual orientation or marital status.



Master Gardener Volunteer Training Application Interest Survey

Thank you for completing this survey. It will help us get to know you better, and give us an opportunity to provide the best volunteer experience for you.

Name: _____

Address _____

Phone (day): _____ Phone (evening) _____

Email: _____

Best time to reach you: _____

I am available to volunteer (check all that apply)

- Mornings
- Afternoons
- Evenings
- Weekends
- At least 3 weekday sessions in the Horticulture Diagnostic Lab (Mon-Thurs, 9am-2pm, April through October)
- At least 3 sessions in the Demo Gardens (Thurs, 9am-12pm)

Are you currently employed?

- Yes No Retired

What is (was) your occupation?

Tell us about your gardening experiences:

Cooperative Extension Volunteer Agreement

We are pleased that you have accepted a volunteer assignment to Cornell Cooperative Extension in the County of Rockland (hereinafter referred to as "CCE").

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also please accept our sincere thanks for your valuable contribution to Cornell Cooperative Extension.

1. I agree that as a CCE volunteer my participation in the activities outlined in the attached volunteer position description is without monetary compensation or other valuable consideration. That document, including the Code of Conduct it contains, shall be considered a part of this agreement.
2. I understand that I do not have a formal work appointment for the agreed upon services. I understand that CCE shall have the right to suspend or release me as a volunteer at any time and that I also have the right to terminate this agreement unless I am committing my volunteer time in exchange for education.
3. I understand that CCE does not provide volunteers with medical insurance; therefore CCE is not responsible for any medical expenses incurred by me. Further, I understand that I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my CCE volunteer affiliation.
4. CCE will cover me as a volunteer under the CCE commercial general liability to protect me against claims for injury to persons or damage to property arising out of my activities as a volunteer. In exchange for volunteer liability insurance protection I, on behalf of myself, my heirs and my representatives do hereby release Cornell Cooperative Extension and the Associations, its officers, directors, employees and other volunteers from any liability whatsoever for any injury to myself, including death, or damage to my property that arises out of or is in any way related to my volunteer activities unless my injury is the result of the sole negligence of Cornell Cooperative Extension or the Association. I understand that the liability insurance coverage only applies when I am on duty and act in accordance with CCE guidelines for my volunteer assignment.
5. CCE agrees to provide the orientation, training, supervision and support necessary for my successful fulfillment of responsibilities.
6. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.
7. This agreement is valid from _____ to _____ (no greater than 2 years).

Signatures:

CCE Volunteer _____ Date _____

CCE Representative _____ Date _____

Cornell Cooperative Extension Association
Volunteer Code of Conduct

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- Respect and adhere to CCE rules, policies, and guidelines that relate to volunteer activity and the program I serve.
- Execute CCE business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and CCE internal affairs that have been entrusted to me.
- Refrain from using my CCE volunteer status for personal or business financial gain.
- Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- Use my time wisely and work cooperatively with Extension staff and other volunteers.
- Participate in required training programs and use the recommended policies and procedures.
- Accept supervision and support from professional Extension staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all staff, other volunteers and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs, and strengths differ.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, tobacco, and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to professional Extension staff as soon as possible.
- Get prior approval from Community Horticulture Educator for all activities and projects.

Signature:

Master Gardener Volunteer