

Dear Prospective Purdue Extension Master Gardener:

Thank you for your interest in the Purdue Extension Master Gardener (EMG) Statewide Basic Training. Our main objective is to train volunteers to assist Purdue Extension with home horticulture education in local communities. Purdue EMG's receive training in horticulture to equip them to fulfill this educational role through volunteering in a variety of projects approved by their local EMG County Coordinator (Purdue Extension Educator). The requirements for Purdue EMG certification include acceptance into the training through an application and screening process, payment of registration fee, completion of the EMG Basic Training which includes passing the open-book final exam with a score of 70% or higher and contributing at least 40 hours of volunteer service approved by the local EMG County Coordinator within two years. Purdue Extension Master Gardeners are also required to complete at least 12 volunteer and 6 continuing education hours every year to stay active.

Program Information-Spring 2026

Statewide Virtual Purdue EMG Basic Training from February 3 – May 5 (with completion of final exam after May 5). The statewide live webinars will be held on Tuesdays, from 6:30 – 8:30 pm (ET)/5:30 – 7:30 pm (CT).

In Daviess/Knox Counties, the local county connection hour will be virtual on Wednesdays, Feb 4-May 6. (except Feb. 25 which will be in-person). We will also have an in person graduation on May 13 at 6:00pm ET.

Application and Registration Information (Two-Step Process to participate)

Step 1: Application approval by local EMG County Coordinator- Due by January 14, 2026, 11:59 pm (ET).

Begin by reading the Purdue Extension Master Gardener Program Policy Guide at: <https://extension.purdue.edu/extmedia/mg/mg-5-w.pdf>. Then, complete and sign the attached Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1).

Once completed, you may mail, email, or deliver the document in-person to one of the following locations:

Purdue Extension - Knox County - 4259 N Purdue Rd. Vincennes, IN 47591 Email:

clingerman@purdue.edu

OR

Purdue Extension - Daviess County - 300 E Hebron St. Suite 119 Washington, IN 47501 Email:

sbrackne@purdue.edu

All applicants are also required to show evidence of a government issued photo ID to your local EMG County Coordinator or designated Purdue Extension staff prior to approval of their application. Virtual options or an in-person appointment can be utilized to complete this requirement.

Step 2: Registration and payment of fees through online registration portal

Upon approval of your application and providing evidence of government issued photo ID, an online registration link will be sent to you. The registration options are listed below:

- \$185.00 for an individual registration which includes a print version of the Purdue EMG Manual.
- \$290.00 for two people sharing the Purdue EMG Manual. (*Sharing option works best for two people living in the same household.*)
- Participants can add a digital version of the manual for an additional \$25.00.

Once your payment is confirmed, your copy of the Purdue EMG Manual will be shipped to you prior to the start of the training.

Registration site to open by early December 2025.

Refund Policy

If you cancel your registration prior to January 21, 2026, 11:59 pm (ET), you will be charged 12% of the registration fee + \$5.00. There are no refunds after January 21, 2026, 11:59 pm (ET). Purdue University is not responsible for expenses incurred due to cancellations by registrants. Purdue University reserves the right to cancel any program. Registrants will receive a full refund if Purdue University cancels the program.

Statewide Live Webinar Schedule

February 3	Purdue EMG Orientation	March 24	Pesticide Safety and Alternatives
February 10	Plant Science		
February 17	Soils and Plant Nutrition	March 31	Fruit Gardening
February 24	Invasive Species	April 7	Herbaceous Ornamentals
March 3	Plant Disease Diagnosis	April 14	Woody Ornamentals
March 10	Weed ID and Control	April 21	Insect ID and Control
March 17	Animal Pests	April 28	Lawn Care
		May 5	Vegetable Gardening

If you are in need of accommodations, have special dietary needs, or need an interpreter or translator to attend this program, please contact Sarah Brackney or Valerie Clingerman prior to the meeting at 812-254-8668 or 812-882-3509 at least 2 weeks prior to the program.

Thank you for your interest in the Purdue Extension Master Gardener Program!

Sincerely,

Sarah Brackney (Daviess Co., 812-254-8668) and Valerie Clingerman (Knox Co., 812-882-3509)

Purdue Extension Master Gardener Volunteer Application and Agreement (Form EMG-1)

When you sign this Purdue EMG Volunteer Application and Agreement you confirm that you agree to follow all policies concerning the use of the Purdue EMG title. You also confirm that you have read and agree to follow all policies stated in the Purdue EMG Program Policy Guide (www.hort.purdue.edu/mg).

In order to be considered for participation in the Purdue EMG Basic Training or to continue volunteering as a Purdue EMG volunteer, please read and sign the current agreement, and return it to your Extension Master Gardener county coordinator.

Please print or type

Date of Birth ____/____/____

Full Name _____

Alias/Maiden Name _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

County of Purdue EMG Basic Training _____

County of Purdue EMG Service _____

Do you require reasonable accommodations to participate in this program? Yes ____ No ____

If yes, please explain.

Emergency Contact Information (required)

Name _____ Telephone _____

Relationship _____

Have you been convicted of a crime (excluding minor traffic violations)? ____ Yes ____ No

If yes, give date, nature of offense and disposition.

NOTE: A criminal record will not necessarily disqualify an applicant; it will be considered relative to the specifics of the position.

Why do you want to become a Purdue EMG volunteer? _____

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Please share your prior volunteer experience:

Organization	Volunteer Role	City/State	Years

Please indicate your education, experience, skills and interests that might relate to the Purdue EMG Program:

Provisions of the Agreement to Participate in the Purdue Extension Master Gardener Program

Please read the statements below. By signing this form, you agree to all the statements below.

- **Use of Title.** I understand that the title "Purdue Extension Master Gardener" is to be used exclusively in the Purdue EMG Program. Purdue EMGs are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue EMG Program.
- **Understanding Policies.** I have read the Purdue EMG Program Policy Guide (www.hort.purdue.edu/mg) and agree to follow all policies regarding participation in the program.
- **Age Certification.** I am 18 years or older.
- **Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the Purdue EMG Program Policy Guide.
- **Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- **Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue EMGs explained in the Purdue EMG Program Policy Guide.
- **Pest Recommendations.** I agree to make recommendations to the public according to the Purdue EMG pest information policy outlined in the Purdue EMG Program Policy Guide.
- **Liability Release.** I understand that participating in the Purdue EMG Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue EMG Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- **First Aid.** I give permission for Purdue EMG Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue EMG Program activities. I shall be financially responsible for the cost of any medical treatment.
- **Photo Release.** I grant permission for the Purdue EMG program to use videos or photographs of me for educational purposes or promotion of the Purdue EMG program and/or Purdue Extension programs.
- **Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at <https://www.purdue.edu/policies/facilities-safety/iva1.html>

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- **Volunteer Service.** I agree to contribute at least 40 hours of volunteer service within two years of completing Purdue EMG Basic Training. I also understand that in order to continue my certification as a Purdue EMG I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my EMG county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the EMG county coordinator at least once per year using a reporting method approved by the EMG county coordinator.
- **County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue EMG is the coordinator and advisor for the Purdue EMG Program in that county and for my involvement in the program.
- **Notification of Changes.** I will contact the Purdue EMG county coordinator or Purdue EMG state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue EMG volunteer.

Applicant's Signature _____

Applicant's Printed Name _____ Date _____

Purdue Extension Office Use Only

National Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Indiana Sex Offender Registry Check — Date Completed _____

Purdue Extension Office Staffer Completing Check _____

Verification of Photo ID — Date Completed _____

Purdue Extension Office Staffer Completing Verification _____