

**Dear Prospective Purdue Extension Master Gardener:**

Thank you for your interest in the Purdue Extension Master Gardener (EMG) Knox / Daviess Co. Basic Training Program. The primary objective of this program is to train volunteers to assist Purdue Extension with home horticulture education in local communities. In preparation for this role, Purdue EMGs receive the horticulture training they will need to perform their duties during EMG County Coordinator (County Extension Educator) - approved projects. To become a Purdue Extension Master Gardener, you must 1.) Complete the application/screening process and be accepted, 2.) Pay a registration fee, 3.) Complete EMG Basic Training, 4.) Pass an open-book final exam with a score of 70% or higher, and 5.) Contribute at least 40 hours of volunteer service, approved by the local EMG County Coordinator, within two years. To maintain active status, Purdue Extension Master Gardeners must complete at least 12 volunteer and 6 continuing education hours every year, thereafter.

**Program Information - Spring 2025**

Knox / Daviess Co. Purdue EMG Basic Training will be held on Wednesdays from February 5 –May 14, 2025 from 5:30 - 8:30 pm (Eastern). Half of the trainings will be held in Knox County (4259 N Purdue Rd. Vincennes, 47591) and half in Daviess County (1 4-H Way Washington, 47501).

**Application and Registration Information (Two-Step Process to participate)****Step 1: Application approval by local EMG County Coordinator - Due Jan. 21, 2025**

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](mailto:clingerman@purdue.edu)

**OR**

Purdue Extension - Daviess County - 300 E Hefron St. Suite 119 Washington, IN 47501  
Email: [sbrackne@purdue.edu](mailto:sbrackne@purdue.edu)

Applicants must present a government-issued ID to the local EMG County Coordinator or designated Purdue Extension staff via virtual or in-person appointment prior to application approval. To schedule, contact either Valerie Clingerman (Knox) at 812-882-3509 or Sarah Brackney (Daviess) at 812-254-8668.

**Step 2: Registration and payment of fees through online registration portal - Due Jan. 27, 2025**

**Upon approval of your application and providing evidence of government issued photo ID, an online registration link will be sent to you.** Registration options are listed on the next page:

- \$110.00 for an individual registration (includes a print version of the Purdue EMG Manual)
- \$155.00 for two people sharing the Purdue EMG Manual. (*Sharing works best for people living in the same household.*)

Check payments will be accepted for registration fees, but the option will be removed ONE week BEFORE the registration deadline. After that payment will have to be made with a credit card.

Once your payment is confirmed, your copy of the Purdue EMG Manual will be shipped to you prior to the start of the training. \* **Online registration ends on January 27 , 2025, with only credit/debit payments accepted after January 20, 2025.**

### **Refund Policy**

If you cancel your registration prior to the registration deadline, you will be charged 12% of the registration fee + \$5.00. There are no refunds after January 27, 2025. Manuals are non-refundable. 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 in the event that Purdue University cancels the program.

### **2025 Knox/Daviess Co. Training Schedule**

February-5	Purdue EMG Orientation - <i>D</i>	April-2	Lawn Care- <i>D</i>
February-12	Plant Science - <i>K</i>	April-9	Plant Disease ID/Mgmt. - <i>K</i>
February-19	Animal Pests - <i>K</i>	April-16	Weed ID/Mgmt/Invasives - <i>K</i>
February-26	Soil and Plant Nutrition - <i>D</i>	April-23	Fruit Gardening - <i>D</i>
March-5	Insect ID/Mgmt. - <i>K</i>	April-30	Pesticide Safety & Alternatives - <i>K</i>
March-12	Woody Ornamentals - <i>D</i>	May-7	Final Exam/Survey - <i>K</i>
March-19	Vegetable Gardening - <i>D</i>	May-14	What Counts/Graduation - <i>D</i>
March-26	Herbaceous Ornamentals - <i>D</i>		

*D* = Training location: Daviess County 4-H Fairgrounds, 1 4-H Way Washington, 47501

*K* = Training location: Purdue Extension - Knox County, 4259 N Purdue Rd. Vincennes, IN 47591

Purdue is committed to making all programs accessible to participants. If you require auxiliary aids or services, or if you have other program-related concerns, please contact Valerie Clingerman, 812-882-3509 or [clingerman@purdue.edu](mailto:clingerman@purdue.edu) at least 2 weeks prior to the program.

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

Sincerely,

Valerie Clingerman  
Purdue Extension-Knox County  
Agriculture and Natural Resource Educator  
4259N Purdue Rd.  
Vincennes, IN 47591  
812-882-3509  
[clingerman@purdue.edu](mailto:clingerman@purdue.edu)

Sarah Brackney  
Purdue Extension-Daviess County  
Agriculture and Natural Resource Educator  
300 E Hefron St., Ste 119  
Washington, IN 47501  
812-254-8668  
[sbrackne@purdue.edu](mailto:sbrackne@purdue.edu)

## 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](http://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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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:

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### 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](http://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>

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

- **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 \_\_\_\_\_