

**K-State Research and Extension  
Marais des Cygnes Extension District  
Extension Master Gardener Program Application**

Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Convenient time to contact you \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MISSION:** The Marais des Cygnes Extension District Master Gardener Association is a volunteer organization of specifically trained Linn & Miami County residents designed to provide the public with sound, research-based horticultural information. The purpose of this Association is to participate in non-commercial, educational and community service projects within the Marais des Cygnes District and provide a platform for members to promote and participate in the Extension Master Gardener Program. The Association embodies the horticulture education objectives of Marais des Cygnes District Extension Council cooperating with Kansas State University and the United States Department of Agriculture.

**GUIDELINES for EMG PROGRAM PARTICIPATION:** Admission to the EMG program requires that the applicant:

- Be a resident of Linn or Miami County
- Possess a broad interest in horticulture
- Understand the value of volunteering
- Comply with the policies, rules, and regulations of the Extension Master Gardener Program and the Marais des Cygnes District Extension Council
- Attend the entire 48 hour basic EMG Training Course held on **Thursdays, September 4 through December 4, from 1 p.m. – 4 p.m. Online via Zoom & once a month in-person session.**
- Complete 40 hours of EMG approved volunteer time, including at least four (4) hours of the EMG Hotline by December 31, 2026.
- Continue an **annual** commitment to volunteer a minimum of 40 hours on EMG approved volunteer projects & activities, and attend at least 10 hours of EMG approved advanced training
- Agree to support the Extension pest control policy based on a combination of sound horticulture practices, “organic” controls, and chemical treatment as necessary
- Pay \$60 fee to help cover the cost of materials and other expenses
- **Be able to use a computer and communicate electronically**

**Selection for the EMG program is based in large part upon the responses you provide in the following sections of this application and an initial interview.** Please reply to **all** questions in a **complete** and **informative** way but keep your answers brief and concise.

**Additional Information: (Please Print)**

**1. TIME AVAILABILITY**

Present Situation:    ☐ Full-time employed                      ☐ Self Employed  
                                 ☐ Part-time employed                      ☐ Homemaker  
                                 ☐ Retired    ☐ Other

Many EMG Volunteer activities occur during weekdays, and during the months of April through October. There are limited opportunities for evening and weekend volunteering. Please describe your availability to volunteer in EMG activities within these time parameters.

**2. EXPERIENCE AND INTERESTS**

Have you grown the following: (Please check)

<input type="checkbox"/> House plants	<input type="checkbox"/> Annual flowers	<input type="checkbox"/> Trees
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Perennial flowers	<input type="checkbox"/> Shrubs
<input type="checkbox"/> Fruits	<input type="checkbox"/> Groundcovers	<input type="checkbox"/> Others
<input type="checkbox"/> Herbs	<input type="checkbox"/> Vines	
<input type="checkbox"/> Water Gardens	<input type="checkbox"/> Ornamental Grasses	

Describe your garden experience and discuss any areas of garden specialization or interest you have. Include any training, courses or other horticulture education programs you have attended.

List your gardening and non-gardening volunteer activities or affiliations.

Describe other hobbies or areas of interest.

### **3. MASTER GARDENER PROGRAM AWARENESS**

How did you learn about the Master Gardener Program?

Are you acquainted with any active Extension Master Gardeners?

\_\_\_\_\_ No      \_\_\_\_\_ Yes (Name) \_\_\_\_\_

Why do you wish to become a Master Gardener? (Use separate page if necessary)

### **4. WORKING WITH THE PUBLIC**

Suggest how you might use your time to help people do a better job of home gardening, etc.:

What do you feel are specific concerns and needs of home gardeners today?

If K-State Extension scientific research and experience indicate benefits from the use of chemical compounds for specific horticultural purposes, would you recommend their use by gardeners who are seeking advice even though you may personally oppose the use of any chemical interventions? (If your answer is 'no', please explain.)

Other comments to support this application:

## AGREEMENT

I wish to become a K-State Research and Extension, Marais des Cygnes Extension District Master Gardener Trainee and will be **available for all basic training sessions this fall** - Thursday's, September 4 through December 4, from 1:00 p.m. to 4:00 p.m. I understand if accepted into the Training Program, I am entering into a **contract to return a minimum of 40 hours of volunteer time** (which includes Master Gardener Hotline work) in communicating research-based horticulture information to the public within the first year after completing training.

**Also, I understand that if I am chosen to become a Marais des Cygnes Extension District Master Gardener** that I am required to pay \$60 to cover the cost of the manual and related classroom materials.

I further understand that to continue as an active EMG in good standing I am required to complete 10 hours of EMG approved Advanced Training and 40 hours of EMG approved volunteer time for the Marais des Cygnes Extension District annually. I understand that this is a Volunteer Organization and I will not receive compensation for my participation in activities which I choose to take part.

**EMG Volunteers may not participate in the Marais des Cygnes Extension District Master Gardener Program for personal gain or for commercial recommendations or endorsements.**

EMGs are expected to provide recommendations based on research-based information, and to provide educational program assistance in support of the general county extension education program.

EMGs are expected to represent K-State Research and Extension in an appropriate, professional manner. EMGs operate under the direction of a trained K-State Research & Extension Agent responsible for monitoring their performance and the progress of their continuing education.

**Publicity Release** (Click on or check one of the boxes below)

- ☐ I authorize K-State Research and Extension or their assignees to record, video, and photograph my image and/or voice for use in research, educational, and promotional programs. I also recognize that these audio, video, and image recordings are the property of K-State Research and Extension.
- ☐ No, I do not authorize use of my individual image or voice.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**Applications are Due to the Linn or Miami County Extension Office by July 31, 2025.**

Return to:

Paola Extension Office  
913 N. Pearl St. Suite #1  
Paola, KS 66071

Mound City Extension Office  
PO Box 160  
115 S. Sixth St.  
Mound City, KS 66056

*Please make sure you have completed all sections and signed your application.*

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