

Cooperative Extension Service

*Franklin County
101 Lakeview Ct
Frankfort, KY 40601
502-695-9035
Fax: 502-695-9309
<http://franklin.ca.uky.edu>*

June 2, 2025

Welcome!

Thank you for your interest in the 2025 Woodford/Franklin County Extension Master Gardener Program, which is a horticultural volunteer training program.

The first training session will begin on Thursday, August 21 from 9 a.m. to 12 p.m. at the Woodford County Extension office (859-873-4601). Training sessions will continue for 15 consecutive Thursdays from 9:00 a.m. to 12:00 p.m., with the final training being held on December 4. The first half of the training sessions will be at the Woodford County Extension Office and the second half of sessions will be held at the Franklin County Extension Office.

The Master Gardener Program provides nearly sixty hours of training sessions held in a classroom setting with instruction led by regional extension horticulture agents, local industry professionals, and extension specialists from the University of Kentucky and Kentucky State University.

Topics covered in the program include:

- Basic botany, entomology and plant pathology
- Growing better lawns with less effort, while preserving the environment
- Understanding how soils affect plant performance
- Proper care and maintenance of plants
- Fruit, flower and vegetable gardening
- Composting and organic gardening
- Identifying, selecting, planting, and maintaining landscape trees and shrubs
- Diagnosing plant problems

Upon completion of the training sessions, participants become certified master gardeners **only after they fulfill forty (40) hours of volunteer service** from a variety of horticultural activities that fit the time and interest of the participant. As program providers, we pride ourselves on presenting factual, university research-based recommendations. We encourage participants to improve the beauty and quality of their community environment by using this information as volunteers.

The specifics of the Master Gardener Class that you are applying for are:

Location: Woodford County Extension Office
184 Beasley Road, Versailles KY40383
Telephone (859) 873-4601

Dates & Times: Thursdays, 9:00 – Noon, August 21, 28; September 4, 11, 18, 25; October 2, 9



Location: Franklin County Extension Office
101 Lakeview Court, Frankfort, KY 40601
Telephone (502) 695-9035

Dates & Times: Thursdays, 9:00 – Noon, October 16, 23, 30; November 6, 13, 20; December 4

Class Fee: \$150 (due upon acceptance to the program),
Payable by check, cash, or credit card to:
Franklin County Extension Service

Registration Deadline: Friday, July 25, 2025

If you wish to apply for the upcoming Master Gardener Class, please fill out and return the entire Volunteer Registration Packet by July 25. We will be interviewing all candidates to find those with the most interest in long-term volunteer commitments with Cooperative Extension. Class size is limited to 25 participants.

A completed Master Gardener application MUST contain all COMPLETED forms in the packet.

Send all registration materials to:
Franklin County Extension Office
101 Lakeview Ct, Frankfort, KY 40601
Phone: (502) 695-9035

Woodford County Extension Office
184 Beasley Dr, Versailles, KY 40383
Phone: (859) 873-4601

Email: Franklin.ext@uky.edu

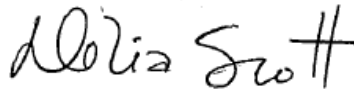
Email: Woodford.ext@uky.edu

Thank you for your interest in the Franklin/Woodford County Master Gardener Volunteer Training Program. We hope to see you in the class on the 21st of August!

Sincerely,



Adam Leonberger
Franklin Co. Extension Agent for Horticulture



Delia Scott
Woodford Co. Extension Agent for Horticulture

Enclosures:
2025 Franklin/Woodford Extension Master Gardener Class Schedule
2025 Franklin/Woodford Extension Master Gardener Application

**Extension Master Gardener
Volunteer Application
Kentucky Cooperative Extension Service**



Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

I. GENERAL INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

E-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

If less than five years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #) _____ (CITY) (STATE) (ZIP) (LENGTH OF STAY)

(STREET, BOX, ROUTE, APT #) _____ (CITY) (STATE) (ZIP) (LENGTH OF STAY)

Hispanic Ethnicity: (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Racial Groups (check all that apply): ☐ White ☐ Black or African American

☐ American Indian or Alaskan Native ☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Gender: ☐ Female ☐ Male

Occupation: _____ Employer: _____

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
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ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
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II. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ E-mail _____

☐ I authorize the contact of the references listed above. I understand a Criminal Records Check will be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ disengagement as a volunteer.

Do you have any special needs? If yes, please describe:

What is your interest or experience in horticulture (gardening)?

When would you be able to volunteer?

Days ☐ Evenings ☐ Weekends ☐ Other: _____

Please check each of the following volunteer experiences according to your interest.

This DOES NOT mean you will be volunteering in these areas.

I LIKE TO:	A Lot	A Little	Not At All
Speak to groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak to individuals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judge county fairs; state fair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in small groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the media.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve in volunteer organizations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write newsletter articles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write subject matter fact sheets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preside at meetings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize programs/events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horticulture photography.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp/recreation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with community gardens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep records/do paper work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize gardening contest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve on committees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop educational exhibits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type/computer/newsletter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop posters and visual aids.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund raise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate a demonstration garden.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer Hort-Line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give tours of gardens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be available for tours or demonstrations on the weekends?

Yes ☐ No ☐ If yes, when? Saturday: A.M. ☐ or P.M. ☐

Are there certain things you're good at but just not interested in doing as a volunteer? For example, you might spend your days developing and managing websites but would rather do something entirely different as a volunteer.

Conversely, are there certain skills you'd love to develop and are seeking a volunteer position that will help you do just that?

Do you have access to any of the following?

- ☐ Pickup truck
- ☐ Utility trailer
- ☐ Wheel barrow
- ☐ Ladder
- ☐ Chain Saw
- ☐ Shovels, trowels and weeders
- ☐ Pruners
- ☐ Strong back
- ☐ Gardening tools

Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with clientele is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, clientele, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate or allow bullying, hazing, harassment or malicious pranks.
- I will ensure that educational programs of Kentucky CES shall serve all people regardless of race, color, age, gender, religion, disability or national origin.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer

Date

Signature of Supervisor or Agent

Date



Kentucky Extension Master Gardener

VOLUNTEER POSITION DESCRIPTION

Kentucky Horticulture Program

Kentucky Cooperative Extension

The University of Kentucky College of Agriculture

POSITION TITLE:

- Master Gardener

TIME REQUIRED / DURATION OF APPOINTMENT:

- 40 hours of volunteer service, over a one-year time frame

LOCATION:

- Various locations in Woodford and/or Franklin County

GENERAL PURPOSE:

- To facilitate programs of the Woodford and/or Franklin County Cooperative Extension Service and provide research-based information in order to protect and enhance horticulture in the community.

SPECIFIC RESPONSIBILITIES:

- Provide leadership and volunteerism to further advance horticulture in Woodford and/or Franklin County.

QUALIFICATIONS:

- Must complete the Volunteer Application process and be approved by the Youth Protection Risk Management Committee.
- Commitment to the educational and volunteerism components of the Master Gardener Program.

BENEFITS:

- This program provides over forty-five hours of instruction by area horticulture agents, local industry professionals and experts from the University of Kentucky.
- Growing better lawns with less effort, understanding how soils affect plant performance and learning to use pruners courageously are just three of the many topics covered. Fruit, flower and vegetable gardening, composting, tree and shrub selection and planting, and diagnosing plant problems are also discussed.

SALARY:

- Unsalaries; volunteer.

MENTORS / SUPERVISING PROFESSIONALS:

Adam Leonberger, Franklin County Extension Agent for Horticulture

Delia Scott, Woodford County Extension Agent for Horticulture

Email: adam.leonberger@uky.edu; delia.scott@uky.edu

Signature of Volunteer

Signature of Extension Professional

Date

Date

University of Kentucky Extension Volunteer Criminal Record Check Request

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS

Please Read Carefully Before Signing the Authorization

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 www.verifiedvolunteers.com as well as two personal references.

For explanation purposes:

- a "criminal record check" is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a "personal reference" is a report of information on your character, reputation, personal characteristics or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and "A Summary of Your Rights under the Fair Credit Reporting Act." (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

First Name: _____ Middle: _____ Last: _____

Social Security Number: _____ Email: _____

Date of Birth: _____ Phone Number: _____

Driver's License #: _____ Driver's License State: _____

Current Address: 1: _____ From _____ To _____

Seven Year Address History:

Address 2: _____ From _____ To _____

Address 3: _____ From _____ To _____

Address 4: _____ From _____ To _____

Address 5: _____ From _____ To _____

Maiden/Alias Names Used: _____

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.

_____ (signature) _____ (date)



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer | (Required by 922 KAR 1:310) |
| <input type="checkbox"/> Residential Child-Caring Facility Employee or Volunteer | (Required by 922 KAR 1:300) |
| <input type="checkbox"/> Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member | (Required by KRS 160.380) |
| <input type="checkbox"/> Private, Parochial, or Church School Employee or Student Teacher | (Permitted by KRS 160.151) |
| <input type="checkbox"/> Youth Camp Employee, Contractor, or Volunteer | (Required by KRS 194A.380-194A.383) |
| <input type="checkbox"/> Power of Attorney Regarding the Care and Custody of a Child | (Required by KRS 403.352) |
| <input type="checkbox"/> Supports for Community Living (SCL) Employee | (Required by 907 KAR 12:010) |
| <input type="checkbox"/> Michelle P. Waiver | (Required by 907 KAR 1:835) |
| <input type="checkbox"/> Home and Community Based (HCB) Waiver | (Required by 907 KAR 1:160 and 7:010) |
| <input type="checkbox"/> Acquired Brain Injury Waiver Services | (Required by 907 KAR 3:090) |
| <input type="checkbox"/> Children's Advocacy Center | (Required by 922 KAR 1:580) |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | (Required by KRS 620.515) |
| <input type="checkbox"/> Personal Care Attendant | (Required by 910 KAR 1:090) |

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ____ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

E-MAIL ADDRESS: _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: _____

☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____

Criminal Record (Background) Check Results (attach here)

Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service ("COMPANY") may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860, www.sterlingvolunteers.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Applicant's Signature _____ Date _____

Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Applicant's Name (Printed): _____

Applicant's Signature: _____

Date: _____

