

INDICATE VOLUNTEER AREA:

4-H / Youth _____

Master Gardener _____

Master Naturalist _____

Money Mentor _____

OTHER: _____

**Illinois Extension**

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Office use Only

Int _____

Ref _____

DCFS _____

Convictions _____

RSO _____

Driver _____

Approve _____

CONFIDENTIAL INFORMATION**U of I EXTENSION VOLUNTEER APPLICATION****(To be completed by volunteers in University of Illinois Extension)**Name: _____ E-mail: _____
Last First MiddleAddress _____
Street City State ZipDate of birth: _____ Phone: Day _____ Evening _____ Best time to call _____
Month/Day/YearRace (select 1 or more): _____ White _____ Black/African American _____ American Indian/Alaskan Native _____ Asian _____
Native Hawaiian/Pacific Islander _____ 2 or more races _____ Other race _____

Ethnicity (select 1): _____ Hispanic or Latino _____ Not Hispanic or Latino

Gender: Male _____ Female _____

Residence: _____ Town under 10,000 or rural non-farm _____ Town/City of 10,000-50,000 _____ Farm _____ Suburbs of a city of
over 50,000 _____ City with population over 50,000**REFERENCES:** List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment, or volunteer-related work and family relationships. Include complete addresses. **Make sure to indicate if the letter should be in Spanish.****Personal/Character Reference:**

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
Street, R.R. #, Box #, Apt # City State Zip**Work or Volunteer Reference:**

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
Street, R.R. #, Box #, Apt # City State Zip**Family Member Reference:**

NAME: _____ Phone: _____

ADDRESS: _____ Spanish Letter? _____ YES
Street, R.R. #, Box #, Apt # City State Zip

Will you be driving a motor vehicle as part of your volunteer agreement? Yes _____ No _____ If yes, a copy of your valid driver's license and proof of liability insurance must be on file in the University of Illinois Extension Unit Office.

BACKGROUND SCREENING INFORMATION:

Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, please attach a sheet to explain. A conviction will not necessarily disqualify an application. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Have you lived in another state other than Illinois in the last seven years? Yes _____ No _____ If yes, please attach a separate sheet indicating state where you have lived during the last seven years including dates.

I, authorize the University of Illinois to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a University of Illinois Extension employee of the unit for which I am volunteering (e.g., County Director).

Signature: _____ Date: _____

MASTER GARDENER/MASTER NATURALIST VOLUNTEER QUESTIONS:

Why do you want to become a University of Illinois Extension Master Gardener/Master Naturalist?

Have you had any previous affiliations with the University of Illinois and/or Extension? Yes_____ No_____

Are you available for classroom training during regular daytime business hours? Yes_____ No_____

Are you available to volunteer time during regular daytime business hours? Yes_____ No_____

Are you employed? Yes_____ No_____

Have you been in another Master Gardener/Master Naturalist program? Yes_____ No_____ If so, where and when:

Have you been a volunteer in another Extension program? Yes_____ No_____ If so, where and when:

Describe your present and previous work experience: (List current or most recent experience first.)

EMPLOYER	JOB TITLE	YEARS

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS

List skills, training and education:

There are many opportunities for volunteering in different programs. At this time you may be unsure about how you may volunteer. Please check all activities that interest you:

- _____ Talk to children about natural areas, environmental issues, conduct workshops, or interpretive tours with youth
_____ Help develop/maintain demonstration areas
_____ Assist with area restorations, plant control, collection of native seeds, plant propagation
_____ Serve on programming or advisory committee
_____ Assist with inventories
_____ Serve as reference librarian
_____ Write newsletter articles or news releases
_____ Other_____

If you are accepted into the Master Gardener/Master Naturalist Program and you successfully complete the minimum hours of training, do you agree to fulfill the required hours of volunteer service in approved activities within 2 years following? Yes_____ No_____



County:	Unit 26
Requestor's Name:	Kim Rohling
Requestor's Email:	kimrohli@illinois.edu
County Director:	Lynn Heins
Volunteer Program:	Master Gardener

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth:
Month Day Year

Sex: "M" for Male
"F" for Female
"U" for Unknown

Race: "W" for White (includes Mexicans and Latinos)
"B" for Black
"A" for Asian/Pacific Islander
"I" for Indian/Alaskan Native
"U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____

University of Illinois * U.S. Department of Agriculture * Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
*The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code) Dates From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Please type, use bold letters or label:

618-687-1612

kimrohli@illinois.edu

University of Illinois Extension

Kim Rohling

402 Ava Rd.

Murphysboro, IL 62966

(Submitting Agency Fax Number)
(Submitting Email Address)

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Submit by mail OR fax OR email.

Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

FAX to: 217-782-3991

Scan/Email to: CFS689Background@illinois.gov





University of Illinois Extension Master Gardener Trainee/Intern Agreement

The intent of the agreement is to assure University of Illinois Extension Master Gardener volunteers of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

The purpose of the University of Illinois Extension Master Gardener Program is to provide horticultural information specific to local climates, soils and plants, and training to the general, non-profit gardening public, based on University of Illinois research, when available.

In the capacity of a University of Illinois Extension Master Gardener trainee/intern, I understand and agree to:

- successfully complete all Master Gardener core course training units.
- work with local Extension Unit staff and volunteers to implement a program of excellence in the community.
- comply with training, documentation, and certification, requirements, as delineated in the *Illinois Master Gardener Manual*, **currently a minimum of 40 hours of approved volunteer service** to complete my internship.
- provide non-biased horticultural information endorsed and sanctioned by University of Illinois Extension.
- make all reasonable effort to assure that horticultural information is accessible to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- refer non-home gardener inquiries to the appropriate educator or specialist
- cooperate with and support Extension Unit staff members to jointly further the missions and objectives of the University of Illinois Extension Master Gardener Program.
- consistently exhibit a professional manner to Extension Unit staff, other volunteers and the public.
- use the title of University of Illinois Extension Master Gardener **only** when doing unpaid public service work through University of Illinois Extension sponsored or approved programs. The title is not to be used to advertise names or places of business, nor to associate the Master Gardener name with commercial products or give implied endorsements of any product or place of business.
- follow state and federal laws and regulations as well as the policies and guidelines of the local Extension Unit and University of Illinois.
- recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for termination as a University of Illinois Extension Master Gardener.
- refrain from using or possessing weapons, alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol or illegal substances or possessing a weapon during Master Gardener service may result in termination as a University of Illinois Extension Master Gardener.
- provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation. Actual out-of-pocket expenses for supplies and materials provided by volunteers may also be recovered through program or class fees charged to participants upon prior approval of the county director.
- abide by the Illinois Department of Agriculture licensing requirements for the application of pesticides when acting as a Master Gardener volunteer.
- possess a valid Illinois drivers license and the minimum amount of state required automobile insurance if I will drive others as part of my approved volunteer role.
- abide by the spirit of the above rules and follow current University of Illinois Extension Master Gardener program policy guidelines in order to obtain my certification as an Extension Master Gardener.
- receive email communications from Extension staff in order to stay up to date on volunteer activities.

Revised 2022

I further understand that University of Illinois Extension will:

- make all reasonable effort to assure that horticultural information is accessible to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- support Extension Master Gardener volunteers.
- provide equipment, training, supervision, and direction to volunteers through the local Extension Unit.
- communicate expectations and responsibilities of the program to volunteers.
- uphold and cultivate a trustful relationship between staff and volunteers.
- provide continuing education opportunities such as the annual state Master Gardener conference.
- provide a state Master Gardener website and communications from the state program..
- provide University of Illinois reference materials.
- provide a safe working environment within the University of Illinois Extension office.
- provide access to University of Illinois Extension professionals.
- match volunteer skills and interests with volunteer opportunities within the local Extension Unit.

I have read and understand this volunteer agreement. I am at least 18 years of age and have the full right and authority to execute this agreement. I further agree to abide by the conditions and behavioral expectations of this document. I understand that my failure to comply with these expectations may result in my termination as a University of Illinois Extension Master Gardener volunteer.

University of Illinois Extension Master Gardener Participant:

Name (Please print) *e-mail address*

Current Mailing Address (Street, City, State, Zip)

County Office *Volunteer Telephone number*

Signature *Date*

University of Illinois Extension Unit Representative:

Name (please print) *Title*

Signature of staff member *Date*

This University of Illinois Extension Trainee/Intern Agreement will be on file in the University of Illinois Extension Unit office.



Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

College of Agricultural, Consumer and Environmental Sciences
University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
If you need a reasonable accommodation to participate in this program, please contact us.
Early requests are strongly encouraged to allow sufficient time for meeting your access needs.

Revised October 2022

TALENT RELEASE FORM (ADULTS) / FORMULARIO DE LIBERACIÓN DE TALENTO (ADULTOS)

I, the undersigned, do hereby consent to the use by The Board of Trustees of the University of Illinois ("University") of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the University or its Foundation.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either the University or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned, or that I am the parent or legal guardian authorized to sign on behalf of a person under age 18. I further attest that I have read this consent form and fully understand its contents.

The Undersigned represents my photo/video/Video/Photo/Audio release: of the following:

Yo, el suscrito, doy mi consentimiento a la Junta Directiva de la Universidad de Illinois ("Universidad") de usar mi imagen, voz, o ambas formas descritas subsecuentemente 1) el video, fotografía, o audio descrito abajo; y 2) cualquier video, fotografía, o audio grabado producido en parte o en su totalidad del video, fotografía, o audio grabado descrito abajo; independientemente si este material es usado para recolección de fondos, relaciones públicas, propaganda, o cualquier propósito en nombre de la Universidad y la Fundación.

Yo garantizo que tengo todo el derecho y la autoridad de otorgar este consentimiento.

Además, yo renuncio a cualquier compensación o daños basados en el uso de mi imagen o voz, o ambas, ya sea por la Universidad o la Fundación. Yo renuncio de igual forma a cualquier derecho de inspeccionar o aprobar la fotografía o video o grabación una vez finalizado.

Yo entiendo que éste consentimiento es perpétuo, que yo no lo puedo revocar, y de igual forma esta vinculado a mis herederos y designados.

Yo garantizo que yo soy mayor de 18 años de edad y que yo soy competente y capaz de decidir en mi nombre éste consentimiento, o que soy el padre/madre o representante legal autorizado para firmar en nombre de una persona menor de 18 años de edad. Y también garantizo que he leído el consentimiento de manera complete y comprendo totalmente su contenido.

El abajo firmante representa el lanzamiento de mi fotografia/video/ Video/Fotografia/Audio: de lo siguiente:

Name and signature of talent (or parent/legal guardian if under 18):

Nombre y firma del individuo (o padre/madre o representante legal si es menor de 18 años de edad)

Printed Name / Imprimir Nombre

Signature and Date / Firma y Fecha

Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS



Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

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

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____



University of Illinois Extension Master Gardener Annual Volunteer Agreement

The intent of the agreement is to assure University of Illinois Extension Master Gardener volunteers of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

The purpose of the University of Illinois Extension Master Gardener Program is to provide horticultural information specific to local climates, soils and plants, and training to the general, non-profit gardening public, based on University of Illinois research, when available.

In the capacity of a certified University of Illinois Extension Master Gardener volunteer, I understand and agree to:

- work with local Extension Unit staff and volunteers to implement a program of excellence in the community.
- comply with training, documentation, certification and re-certification requirements, as delineated in the *Illinois Master Gardener Manual*, **currently a minimum of 20 hours of approved volunteer service and 10 hours of approved continuing education annually.**
- provide non-biased horticultural information endorsed and sanctioned by University of Illinois Extension.
- make all reasonable effort to assure that horticultural information is accessible to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- refer non-home gardener inquiries to the appropriate UI educator or specialist.
- cooperate with and support Extension Unit staff members to jointly further the missions and objectives of the University of Illinois Extension Master Gardener Program.
- consistently exhibit a professional manner to Extension Unit staff, other volunteers and the public.
- use the title of University of Illinois Extension Master Gardener **only** when doing unpaid public service work through University of Illinois Extension sponsored or approved programs. The title is not to be used to advertise names or places of business, nor to associate the Master Gardener name with commercial products or give implied endorsements of any product or place of business.
- follow state and federal laws and regulations as well as the policies and guidelines of the local Extension Unit and University of Illinois.
- recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for termination as a University of Illinois Extension Master Gardener.
- refrain from using or possessing weapons, alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol or illegal substances or possessing a weapon during Master Gardener service may result in termination as a University of Illinois Extension Master Gardener.
- provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation. Actual out-of-pocket expenses for supplies and materials provided by volunteers may also be recovered through program or class fees charged to participants upon prior approval of the county director.
- abide by the Illinois Department of Agriculture licensing requirements for the application of pesticides when acting as a Master Gardener volunteer.
- possess a valid Illinois drivers license and the minimum amount of state required automobile insurance if I will drive others as part of my approved volunteer role.
- abide by the spirit of the above rules and follow current University of Illinois Extension Master Gardener program policy guidelines in order to maintain my certification as an Extension Master Gardener.
- receive email communications from Extension staff in order to stay up to date on volunteer activities.

I further understand that University of Illinois Extension will:

- make all reasonable effort to assure that horticultural information is accessible to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- support Extension Master Gardener volunteers.
- provide equipment, training, supervision, and direction to volunteers through the local Extension Unit.
- communicate expectations and responsibilities of the program to volunteers.
- uphold and cultivate a trustful relationship between staff and volunteers.
- provide continuing education opportunities such as the annual state Master Gardener conference.
- provide a state Master Gardener web site and communications from the state program.
- provide University of Illinois reference materials.
- provide a safe working environment within the University of Illinois Extension office.
- provide access to University of Illinois Extension professionals.
- match volunteer skills and interests with volunteer opportunities within the local Extension Unit.

I have read and understand this volunteer agreement. I am at least 18 years of age and have the full right and authority to execute this agreement. I further agree to abide by the conditions and behavioral expectations of this document. I understand that my failure to comply with these expectations may result in my termination as a University of Illinois Extension Master Gardener volunteer.

University of Illinois Extension Master Gardener Participant:

Name (Please print)

e-mail address

Current Mailing Address (Street, City, State, Zip)

County Office

Volunteer Telephone number

Signature

Date

University of Illinois Extension Unit Representative:

Kim Rohling

Horticulture Educator

Name (please print)

Title

Signature of staff member

Date

This University of Illinois Extension Annual Volunteer Agreement will be on file in the University of Illinois Extension Unit office.

University of Illinois at Urbana-Champaign, College of Agricultural, Consumer and Environmental Sciences
United States Department of Agriculture ♦ Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.

Revised 2022