

Fellow Gardeners,

The Sevier County Area Master Gardeners are excited about your interest in our program. The 2026 Master Gardener Intern class will be held on Tuesdays beginning March 3, 2026. The class will run from 10am-2pm each Tuesday at the Sevier County Extension office. Each morning participants will participate in classroom learning covering a wide range of topics from Botany to plant disease. Each afternoon will be hands on learning in the garden, greenhouse, or possibly off site. Class fees are \$175 which covers class materials including master Gardener Handbook and program materials.

I look forward to a great program! If you have any questions feel free to contact me.



Adam M. Hopkins

Agriculture Agent and County Director

Sevier County Extension Office

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Sevierville, TN 37862

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UTEXTENSION
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE

The Sevier County Master Gardener program is a volunteer service organization offered by The University of Tennessee Extension. The purpose of the Master Gardener program is to train citizens as horticulture educators for their communities.

The title **Master Gardener** is conditional upon complying with the following:

- Successfully completing the Master Gardener training program,
- Performing and reporting 40 service hours within 12 months of training program completion,
- Attending 4 Sevier County Area Master Gardeners Association meetings per year,
- Sharing only University of Tennessee-approved recommendations (not home remedies but research-based information),
- The Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses; and
- Certification is renewable annually, upon completion of volunteer and educational requirements.

Included in this application packet are the following forms:

- Horticulture Questionnaire
- Extension Volunteer Form
- Hybrid Training Class Schedule
- In-Person Class and Workshop Schedule

Please fill out all forms in this packet completely.
Incomplete application packets will not be considered.

Applications and payment of \$175 are due no later than February 20, 2026 and should be sent to:
Sevier County Extension, 752 Old Knoxville Hwy, Sevierville TN 37862 OR emailed to
Adamhopkins@utk.edu

Master Gardeners frequently interact with children. A check against the Sexual Offenders registry is required by the University of Tennessee for all volunteers working with children. Please note that the Background Disclosure section of this application must be completed before acceptance to the Master Gardener program.

SCHOLARSHIPS: There are a limited number of scholarships available for this program. If you have a financial need that would otherwise prevent you from taking part in this program, please attach a one page letter explaining your need and how this program will enable you to benefit others. Scholarship recipients are required to maintain active membership in the Sevier County Area Master Gardener association for two years. The membership fee is waived the first year but is the responsibility of the recipient in subsequent years.

2026 MASTER GARDENER APPLICATION HORTICULTURE QUESTIONNAIRE

Name _____ Date _____

Preferred Name; (for badge) _____

WHY DO YOU WISH TO BECOME A MASTER GARDENER VOLUNTEER? WHAT DO YOU EXPECT FROM THE PROGRAM?

Do you have the ability to access the online training classes via a computer or device? ____ Yes ____ No

YEARS OF GARDENING EXPERIENCE (PERSONAL OR WORK RELATED) _____

PLEASE SHARE ANY SPECIAL SKILLS / TRAINING/VOLUNTEER EXPERIENCE THAT YOU FEEL WOULD BE HELPFUL TO YOU AS A MASTER GARDENER (E.G. HORTICULTURAL CLASSES, TRAINING, ETC.)

WHICH OF THE FOLLOWING DO YOU CONSIDER TO BE YOUR AREAS OF KNOWLEDGE ? CHECK ALL THAT APPLY.

| | | |
|--------------------------|-------------------------|-----------------------|
| ____ Vegetable Gardening | ____ Lawns & Turfgrass | ____ Flower Gardening |
| ____ Community Gardens | ____ Herb Gardening | ____ Landscape Design |
| ____ Trees/ Shrubs | ____ Water Conservation | ____ Native Plants |
| ____ Diseases/ Insects | ____ Wildlife Gardens | ____ Houseplants |
| ____ Ornamental Ponds | Other _____ | |

DO YOU HAVE A HEALTH, MEDICAL, OR DIETARY CONDITION THAT NEEDS ACCOMMODATION FOR TRAINING? PLEASE EXPLAIN:

ARE YOU ABLE TO SPEAK OR WRITE A LANGUAGE OTHER THAN ENGLISH? (INCLUDING AMERICAN SIGN LANGUAGE)

PLEASE LIST: _____

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF REQUIRED INFORMATION ON ANY APPLICATION MATERIALS MAY DISQUALIFY MY APPLICATION TO VOLUNTEER FOR THE UNIVERSITY OF TENNESSEE EXTENSION. I UNDERSTAND THAT I SERVE AT THE SATISFACTION OF THE UNIVERSITY OF TENNESSEE EXTENSION AND AGREE TO ABIDE BY THE POLICIES OF UT EXTENSION AND THE TENNESSEE MASTER GARDENER PROGRAM TO THE BEST OF MY ABILITIES.

Applicant's Signature _____ Date _____

SECTION 1-TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

A. GENERAL INFORMATION

Must present your Driver's License or a government issued photo ID with your application

Name _____
Last First Middle Name

Home Address _____ Length of time at this address? _____
Street, Route, Apt #

City, State Zip code County

Mailing Address (if different from above) _____

Email address: _____ How long have you resided in this county? ____

Telephone: Daytime _____ Evening _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Have you previously volunteered with TN Extension? ☐ Yes ☐ No

If yes, county and last year volunteered? _____

B. DEMOGRAPHIC INFORMATION

Gender: ☐ Female ☐ Male Ethnicity: (check one) ☐ Not Hispanic/Latino ☐ Hispanic/Latino

Race: (check one) White Black /African American ☐ Native American Indian/ Alaskan Native
Asian Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English? ☐ Yes ☐ No
(Please list, including American Sign Language.) _____

C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

____Hrs. /week _____Hrs. /month ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ Ongoing

When are you available to volunteer? (Check all that apply)

Day ☐ Evening ☐ Weekends ☐ I'm flexible Specific times: _____

D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth ☐ Adults ☐ Senior Citizens ☐ Clientele with disabilities ☐ Other _____

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school ☐ K-3 ☐ Explorer (4th grade) ☐ Junior (5th - 6th) ☐ Jr. High (7th-- 8th)

Senior: ☐ Level I (9th-10th) ☐ Level II (11th - 12th)

E. ACTIVITY INTERESTS - What are your volunteer activity interests? (Check all that apply)

| | |
|---------------------------------|---------------------------------|
| Teaching/ demonstrations | Writing/publishing/proofreading |
| Photography | Web development |
| Newsletter | Artworks, graphics |
| Displays/exhibits | Marketing |
| Organizing programs/events | Research/data collection |
| Public Speaking | Typing/ Computer entry |
| Telephone/office work at county | Fundraising |
| Extension office | |

The following two sections should be completed by Level 2 and Level 3 volunteers only

F. REFERENCES - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

| | | | | |
|----|------------------|----------------------|----------------|--------------|
| 1. | <hr/> | | | |
| | Name | Street Address | City/State/Zip | |
| | <hr/> | | | |
| | Day Phone Number | Evening Phone Number | Email Address | Relationship |
| 2. | <hr/> | | | |
| | Name | Street Address | City/State/Zip | |
| | <hr/> | | | |
| | Day Phone Number | Evening Phone Number | Email Address | Relationship |
| 3. | <hr/> | | | |
| | Name | Street Address | City/State/Zip | |
| | <hr/> | | | |
| | Day Phone Number | Evening Phone Number | Email Address | Relationship |

G. BACKGROUND DISCLOSURE - A "yes" answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:

- | | | |
|-----------------------------|-----|----|
| a. A crime of violence? | Yes | No |
| b. Child abuse or neglect? | Yes | No |
| c. Sexual related offenses? | Yes | No |

2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature

Date

FOR OFFICE USE
ONLY:

Date application was received: _____

This applicant: (Pick one)

Met qualifications for an Extension volunteer position.
Did not meet qualifications for an Extension volunteer position.

Volunteer Level: ☐ 1 ☐ 2 ☐ 3