



Prospective Master Gardeners,

The Sevier County Area Master Gardeners are excited about your interest in our program. The 2027 Master Gardener Intern class will meet on Tuesdays from February 2, 2027, through April 27, 2027. Classes will be held from 10:00 a.m. to 2:00 p.m. each Tuesday at the Sevier County Extension Office.

This course will be taught in an asynchronous, "flipped classroom" format. University materials, including lectures and selected activities, will be reviewed at home prior to class. Our required in-person sessions will focus on hands-on learning, discussion, and will occasionally include offsite field trips.

The class fee is \$175, which includes course materials, the Master Gardener Handbook, and additional program resources.

We're looking forward to a great program, and we hope you'll join us. If you have any questions, or would just like some more information please feel free to contact me.

**Catherine Lawson**

Extension Agent I : Sevier County

ANR & 4-H, Master Gardener Coordinator

752 Old Knoxville Hwy Sevierville TN 37862

(865) 453-3695 | <https://sevier.tennessee.edu/>

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

The title of Sevier County Area Master Gardener is contingent upon meeting the following requirements:

- Successfully completing the Master Gardener training program
- Completing and reporting 40 volunteer service hours within 12 months of completing the training program
- Sharing only University of Tennessee–approved recommendations, rather than home remedies or non-research-based information
- Missing no more than four classes during the Master Gardener Intern Training Program in order to achieve certification
- Not using the Master Gardener name badge or title for commercial gain or to promote commercial products or businesses
- Renewing certification annually by completing required volunteer service and continuing education hours

Applications will be accepted beginning November 1, 2026, and must be received no later than January 15, 2027. Applications should be mailed or delivered to:

Sevier County Extension  
752 Old Knoxville Highway  
Sevierville, TN 37862

Applications may also be emailed to [csams1@utk.edu](mailto:csams1@utk.edu).

A brief interview will be conducted in person or by phone before acceptance into the program. Once accepted, the \$175 program fee may be paid in the office or online.

Master Gardeners frequently interact with children. The University of Tennessee requires all volunteers who work with children to be checked against the Sexual Offender Registry. Please note that the Background Disclosure section of this application must be completed before acceptance into the Master Gardener program.

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

Please complete all forms in this packet. Incomplete application packets will not be considered. This application packet includes the following forms:

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

# Tennessee Extension Master Gardener Intern Training 2027

- Feb. 2nd Local Opening week with no zoom
- Feb. 9th Welcome to TEMG and TN Geography- Chap. 1,2 - Dr. Natalie Bumgarner and the whole TEMG Workgroup
- Feb. 16th Stewardship- Chap. 4- Dr. Andrea Ludwig and Emily Richards
- Feb. 23rd Soils and mgt.- Chap. 5,6- Gregg Upchurch and Melody Rose
- Mar. 2nd Botany and propagation- Chap. 3- Dr. Bumgarner and Lucas Holman
- Mar. 9th Vegetable gardens- Chap. 11- Amy Dunlap and Melody Rose
- Mar. 16th Home fruit- Chap. 12- Gregg Upchurch and Dr. Annie Vogel
- Mar. 23rd Entomology and IPM- Chap. 13- Seth Whitehouse and Dr. Chris Cooper
- Mar. 30th Pathology and diagnostics- Chap. 14- Celeste Scott and Justin Stefanski
- Apr. 6th Turfgrass and weed mgt- Chap. 10,15- Dr. Becky Bowling and a member of the weed science crew
- Apr. 13th Sustainable design and herbaceous plants- Chap. 7,9- Mike Ross and Celeste Scott
- Apr. 20th Woody ornamentals- Chap. 8- Taylor Reeder and Lee Rumble
- Apr. 27th Pollinators and Wildlife- Dr. Jennifer Tsuruda and Haley Treadway



# 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