Georgia Master Gardener Gold Star Advanced Training Application

Advanced Training is for the purpose of intensively training active MGEVs on specific subjects beyond the core horticultural training to further equip them as educators of environmentally sound horticulture. Gold Star recognition is for volunteers who have successfully completed a specialist advanced training program consisting of six Advanced Training sessions, three of which will be in the same AT category and one of which will be a required (R) training session; and completion of an educational project related to a specialty subject area. Advanced training is sponsored by UGA Cooperative Extension and sessions must be approved by the State Program Office. A list of approved training criteria is available from the State MG Extension Volunteer Program office or the Georgia Master Gardener Extension Volunteer web site. Only two training sessions taken previously for Silver Star Recognition will count as electives toward the required number of training sessions for Gold Star Recognition. Master Gardeners do not need to have earned the Silver Star to in order to qualify for the Gold Star program.

Application Requirements (completed PRIOR to training commencement)

1. MGEVs must have: (a) successfully completed the initial 40-hour training and 50-hour volunteer service requirement, (b) current, active status (including a current UGA Volunteer Agreement and any additionally required screening forms); and (c) County Extension Office written approval (section I, this form).

2. MGEVs must select one specialty subject area:
   - Sustainable Garden and Landscape
   - Water Quality and Management
   - Youth and Community Gardening
   - Diagnostics & Technology
   - Urban Forestry and Ecology

3. A project proposal must be included with the advanced training application and be approved by the local County Extension Office (section II, this form).

Training Requirements (should be completed within five years)

1. Select one specialty area and successfully complete 3 modules within specialty subject area (posted on the Georgia Master Gardener Program webpage at www.gamastergardener.org)
2. Successfully complete 2 elective modules from any other subject area
3. Successfully complete 1 required module
4. Successfully complete volunteer project (related to specialty subject area).
5. Submit completed application form, including project summary, to CEA for approval
6. CEA submits the completed advanced training application to the State Program Office to obtain the certificate and star.

Post-completion Requirements

Applicants must be willing to commit to a higher level of volunteer service, and serve as a resource that will expand Extension outreach in a specialty subject area. MGEVs completing this level will be expected to perform such activities as teaching, preparing materials, planning programs and providing leadership in these subject areas under the supervision of the local Extension Agent.

Updated 1/2016
Advanced Training Gold Star Application

PLEASE PRINT CLEARLY

I. VOLUNTEER INFORMATION

Name ___________________________________________________ County____________________________

Address ___________________________________________________________________________________

City, State, Zip ______________________________________________________________________________

Phone_______________________ E-Mail ________________________________________ Year Trained_____ 

Target Gold Star Subject Area (Check One)

_____ Sustainable Garden and Landscape

_____ Water Quality and Management

_____ Youth and Community Gardening

_____ Diagnostics and Technology

_____ Urban Forestry and Ecology

I have read and understand the Gold Star Level guidelines on page one of this application. I understand that in order to achieve Gold Star recognition, I must have: (a) successfully completed the initial 40-hour training and 50-hour volunteer service requirement, (b) current, active status (including a current UGA Volunteer Agreement and any additionally required screening forms); and (c) County Extension Office written approval (section I, this form).

______________________________________                       ___________________________
Applicant’s Signature       Date

This applicant is an active Master Gardener Extension Volunteer and is recommended to participate in Gold Star Advanced Training.

_____________________________________  ____________________________
CEC, Agent, or Local MG Coordinator    Date

Updated 1/2016
II. Proposed Project Description
Suggest a local problem related to your chosen specialty area and how your project will help to solve it. Explain how this project will benefit local Cooperative Extension programming.

PROJECT TITLE:__________________________________________________________________________________________________

Person(s) Proposing Project:__________________________________________________________________________________________________

Date:__________________________________________________________________________________________________

Contact Information:__________________________________________________________________________________________________

1. Purpose of Project:__________________________________________________________________________________________________

2. Number of Volunteers needed to make the project a success:__________________________________________________________________________________________________

Number of Hours needed:__________________________________________________________________________________________________

Training needed:__________________________________________________________________________________________________

3. Funding Needed/Financial Source:__________________________________________________________________________________________________

4. Other groups or organizations involved:__________________________________________________________________________________________________

5. Anticipated effect project will have on the community it serves:__________________________________________________________________________________________________

6. Educational value of project:__________________________________________________________________________________________________

7. Projected beginning and end dates:__________________________________________________________________________________________________

8. Procedures required for implementing the project:__________________________________________________________________________________________________

9. Projected sustainability and maintenance plan:__________________________________________________________________________________________________

Updated 1/2016
10. Annual evaluation and measurable impact of project:

__________________________________________________________________________________________________

11. Certifies that the proposed project meets local Extension programming needs:

County Extension Agent: ___________________________ Date: _______________

Master Gardener: ________________________________ Date: _______________

Updated 1/2016
III. Advanced Training Modules Completed

<table>
<thead>
<tr>
<th>Training</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

IV. Project Completion (After project is complete, fill in the following section and have County Extension Agent or Master Gardener coordinator sign and date indicating that the project is complete.)

1. Project Title: ___________________________________________________
2. Activity Begin Date: ________________Activity End Date: ____________
3. Give a brief description of how the project was completed.

4. List any presentations that were part of the project

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Location</th>
<th># Participants</th>
<th>Contacts Reported (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
</tbody>
</table>

6. Total number of participants: _________
7. Hours of instruction per participant (formal teaching time): _________
8. Number of sessions or classes taught: ________
9. Total length of program (teaching & non-teaching time): ________
10. Total number of additional adult volunteers participating in activity: ________
11. Total number of additional volunteer hours worked (all volunteer hours combined): ________
11. In-Kind support ($ value, if known): ________
12. Funds Donated ($ value, if any): ________
13. How did this project benefit Extension programming? What is the overall outcome of the project? (attach brief explanation)

This certifies that the applicant is an active MGEV, meeting all training and project requirements within the allowed timeframe, and has earned the Gold Star Recognition.

_______________________________________  _____________________________
CEC, Agent, or Local MG Coordinator              Date

Mail copy of completed to UGA Cooperative Extension to:
State Master Gardener Coordinator, Cowart Building UGA Griffin Campus, 1109 Experiment St, Griffin, GA 30223-1731
Updated 1/2016