



University of Idaho Extension,
Kootenai County
1250 W. Ironwood Ave, Suite 107
Coeur d'Alene, ID
kootenaimg@uidaho.edu

Welcome to the Idaho Master Gardener Program!

Thank you for your interest in becoming an **Idaho Master Gardener in Kootenai County!**

Master Gardeners are curious, community-minded people who enjoy learning about horticulture and sharing that knowledge with others. Through education, outreach and hands-on volunteer service, our volunteers help make Kootenai County a healthier, greener and more connected community.

We're excited to learn more about you, your interests, and the skills and experiences you could bring to our growing volunteer community.

Your Next Steps

If you would like to continue with joining our upcoming Master Gardener certification training, tell us about yourself and submit your application by **Monday, Nov. 30, 2026**. See the attached checklist and documents for more information about applying.

Training & Course Options

If your goal is to become a **certified Idaho Master Gardener** and give back to your community through volunteer service, the course fee is **\$275**. Certification activities and volunteer service take place from January through September 2027.

If you are interested in personal education or professional development, the **Green Certificate** fee is **\$400** for training from January to April 2027.

Ready to Grow With Us?

Becoming a Master Gardener is more than learning how to grow great plants. It's an opportunity to **learn, connect, serve and grow alongside other people who care about our community.**

We look forward to getting to know you and welcoming you into the next generation of Kootenai County Master Gardeners!

If you have questions about the application process or training, please see the [Idaho Master Gardener Handbook](#) or contact us at kootenaimg@uidaho.edu. We're happy to help you get started.

NEW VOLUNTEER APPLICATION

Required Documents



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Return the following items from this packet by Monday, Nov. 30, 2026.

- ☐ Kootenai Certification Agreement
- ☐ Volunteer Application
 - ☐ Position Description
 - ☐ Application
 - ☐ Opportunity Contract
- ☐ IMG Code of Conduct and Acknowledgement of Policies Agreement.
- ☐ References: Names and Contact Information

Additional:

- ☐ Three personal references are required. Provide each of your references with the included Volunteer Recommendation Form for *your references to submit directly* to our office by the Nov. 30 deadline.
- ☐ FYI: If you are invited to interview, the following will be required:
 - Background Check Agreement
 - Pest Management Agreement
 - Acknowledgement of Risk and Waiver of Liability Form
 - Emergency Contact Form

Applicants will receive the documents listed above during the interview phase in December 2026.

NEW VOLUNTEER APPLICATION

Certification Agreement



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Important Dates: 2027 Training & Certification

- Nov. 30, 2026: New Volunteer Applications deadline
- Mid-December: Applicant Interviews; Acceptance or Waitlist Notifications
- Dec. 30, 2026: Course fees deadline for 2027 Trainees
- Jan. 11, 2027: Training begins with Zoom orientation
- January – April: Online course available to 2027 Trainees (60 hours)
 - o *Five required in-person labs will be scheduled weekly between late February and mid-April. Lab information (including curriculum, time, date and place) will be shared in January.*
 - o *Trainees must pass an open-book final exam by April 30, 2027.*
- May – September: Successful Trainees become Interns; volunteer component begins (40 hours, including 24 hours in Plant Clinic and shifts at the North Idaho Fair and Kootenai County Farmers Market)
- Late September 2027: Successful Interns become certified Master Gardeners
- January 2028: Annual Kickoff Meeting

Annual Recertification:

Successful completion of the above process earns initial certification. IMG certification is renewed annually by meeting training and volunteer requirements:

Advanced certification (2nd year): 50 hours, including 20 Plant Clinic hours

Veteran certification (3rd+ year): 45 hours, including 12 Plant Clinic hours

Commitment:

I understand the Idaho Master Gardener Program in Kootenai County asks volunteers to recertify annually through continued learning and volunteer service. I understand the information detailed above and agree to comply with U of I Extension, Kootenai County policies as stated above and in [the Idaho Master Gardener Program Handbook](#).

Signature of Applicant

Print Name

Date

IDAHO MASTER GARDENER PROGRAM

AUTHORIZED VOLUNTEER POSITION DESCRIPTION

PURPOSE OF THE IDAHO MASTER GARDENER PROGRAM

To extend horticultural education through trained and certified volunteers.

BRIEF DESCRIPTION OF MASTER GARDENER VOLUNTEER RESPONSIBILITIES

Volunteers are to provide education and assistance to Idaho residents in topic areas related to home horticulture. Activities may include, but are not limited to, answering questions in person and over the telephone about vegetable gardening, fruit trees, ornamentals, lawns, insects, and other related topics; assisting with public horticulture projects; assisting in the preparation of home horticulture classes; and organizing special seminars and conferences for homeowners and other Master Gardeners.

REQUIREMENTS FOR VOLUNTEER SERVICE

- Have an interest and/or knowledge or skills in basic gardening, ornamental horticulture, or general plant-related topics.
- Be able to communicate effectively with the public.
- Have completed or be enrolled in beginning Master Gardener classroom training (40-6- hours in Kootenai County).
- Read and agree to the terms of the Idaho Master Gardener Program authorized volunteer position description and complete and sign the opportunity contract.
- Have completed or be enrolled in additional hands-on practicum training and volunteer service (a minimum of 30 hours) during the initial training to become a certified Idaho Master Gardener under the direction of a UI Extension educator.
- Be responsible to the Extension educator in charge of the Idaho Master Gardener Program. All outside projects must be preapproved, except that a simple request for delivery of an educational presentation by an Idaho Master Gardener to a group does not need preapproval. Outside projects must contain an element of education and follow all University of Idaho guidelines using information from the University of Idaho, another university, or some other reliable research-based source.
- Adhere to University of Idaho horticulture recommendations and cooperate with the county Extension staff.
- Be in the process to complete, or have completed, all statewide and local requirements for certification as an Idaho Master Gardener.
- Follow University of Idaho nondiscrimination policies.
- If required to operate a University of Idaho vehicle as part of volunteer duties, be trained as a qualified driver.

SUPERVISION OF VOLUNTEERS

- The University of Idaho Extension educator in charge of the Master Gardener program provides supervision and educational support to the volunteer Master Gardener.
- The Extension educator will assign, review, and assess hands-on practicum work for the Master Gardener trainee.
- The Extension educator will review and assess volunteer projects for certified Idaho Master Gardener and Advanced Idaho Master Gardener volunteers.
- The Extension educator will provide in-service training and furnish space and other needed support materials when the Master Gardener volunteer works in the Extension office.

Signed: Idaho Master Gardener Volunteer:

Date:

Signed: Idaho Master Gardener Supervisor

Date:

IDAHO MASTER GARDENER PROGRAM

APPLICATION

I would like to be considered for University of Idaho Extension's Idaho Master Gardener Program. I understand that, if accepted, I am required to complete a minimum of 80-120 hours of training (40-60 hours of basic education and 40-60 hours of hands-on training and directed volunteer service). The hands-on training must be completed within 6 months to 1 year of completing the classroom portion of the course, unless prior arrangements are made with the UI Extension office in Kootenai County.

All applicants should consider the expectations of Idaho Master Gardener service. Following certification, all Idaho Master Gardeners are committed to provide volunteer service for as long as they remain certified. Participants who are unable to participate in volunteer service after becoming certified should not sign up for the Idaho Master Gardener Program.

Name (please print)

Address

Zip Code

Phone (day)

Phone (evening)

Signature

Date

How did you learn about the Idaho Master Gardener Program?

How many years of gardening experience do you have? Where have you gardened before moving here?

Have you ever been in a Master Gardener program in Idaho or another state? If yes, indicate where and year(s).

☐

No

☐

Yes

Where: _____ Years: _____

Please list all horticultural education you have received (school, topics, and dates, if possible).

Please list your areas of specialization or interest (vegetables, roses, greenhouse, herbs, etc.)

Are you affiliated with any gardening clubs or horticulture-related groups? If so, please list.

Why do you wish to be an Idaho Master Gardener?

IDAHO MASTER GARDENER PROGRAM

APPLICATION—PAGE 2

What do you expect from this class?

How might you use your volunteer time to help others in the community?

How would you rate your “people skills” (ability to work with others)?

☐ Excellent ☐ Good ☐ Fair

How would you rate your gardening skills?

☐ Expert ☐ Intermediate ☐ Beginner

Are you knowledgeable in growing any of the following? Please check all that apply.

☐ House plants ☐ Herbs ☐ Turf
☐ Vegetables ☐ Annual flowers ☐ Shrubs
☐ Tree fruits ☐ Perennial flowers ☐ Ground covers
☐ Berries ☐ Ornamental trees ☐ Other (specify) _____

How do you receive gardening information? Please check all that apply.

☐ Garden magazines ☐ Nursery/garden center personnel ☐ Family/friends/neighbors
☐ Newspaper articles ☐ University/college professors ☐ Garden clubs
☐ Extension bulletins ☐ Extension office staff ☐ Master Gardeners at Extension office
☐ TV/cable stations ☐ Radio stations ☐ Internet

Are you employed now? ☐ No ☐ Yes ☐ Full-time ☐ Part-time

Are you retired? ☐ No ☐ Yes Semi-retired? ☐ No ☐ Yes

Do you speak a language other than English? ☐ No ☐ Yes (language) _____

If certified as an Idaho Master Gardener, do you give permission to UI Extension to publish your picture without additional permission and with or without accompanying personal identification (your name)?

☐ No ☐ Yes

Check the skills you are good at.

☐ Public speaking ☐ Artistic ☐ Computing/web design ☐ Marketing
☐ Writing ☐ Manual Labor ☐ Typing, filing ☐ Social media
☐ Other (specify) _____

☐ I would like to take this class for academic credit (an additional fee applies)

RETURN THIS FORM TO THE UNIVERSITY OF IDAHO EXTENSION OFFICE IN KOOTENAI COUNTY.

At the University of Idaho we respect your right to privacy and we understand that participants need to be in control of their personal information. “Personal information” includes, but is not limited to, name, address, telephone number and e-mail address. The University of Idaho does not sell, rent, swap or otherwise disclose any of this information other than for the sole purpose of Civil Rights reporting.

UNIVERSITY OF IDAHO EXTENSION - KOOTENAI COUNTY

IDAHO MASTER GARDENER PROGRAM

OPPORTUNITY CONTRACT

I wish to become an Idaho Master Gardener. I understand I must complete the classroom instruction, finish all quizzes and exams, complete all lab work, and complete volunteer hands-on training to become certified. I realize that part of my hands-on training hours must be spent at, or arranged through, the UI Extension office in Kootenai County. I also understand that I can sign up for more than one hands-on project and volunteer more than the required number of hours.

If I am accepted into the Idaho Master Gardener training program and/or become certified as an Idaho Master Gardener, I will abide by all regulations and policies of University of Idaho Extension.

As a certified Idaho Master Gardener, I agree to provide University of Idaho pest control recommendations even if they include synthetic chemical pesticides. I also agree to become, or work under, a person licensed as an Idaho pesticide applicator.

I understand that as an Idaho Master Gardener, I am considered a volunteer representative of the University of Idaho. Therefore, the University of Idaho will assume liability for my pest control recommendations, but only if my recommendations are in accordance with the University of Idaho pesticide policies found in chapter 1 of the *Idaho Master Gardener Program Handbook*.

Name (please print)

Address

Zip Code

Phone (day)

Email

Signature

Date

All certified Idaho Master Gardeners are required to provide volunteer service. One important function is to assist the local county UI Extension educator in the office, answering horticulture-related inquiries in the spring and summer. Time commitments vary by year. Indicate the days and months that are convenient for you. You will be contacted for specific dates.

MONTH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
APRIL	☐	☐	☐	☐	☐	☐
MAY	☐	☐	☐	☐	☐	☐
JUNE	☐	☐	☐	☐	☐	☐
JULY	☐	☐	☐	☐	☐	☐
AUGUST	☐	☐	☐	☐	☐	☐
SEPTEMBER	☐	☐	☐	☐	☐	☐
OCTOBER	☐	☐	☐	☐	☐	☐

☐ My schedule is flexible. I can be available almost anytime with advance notice.

(continued)

IDAHO MASTER GARDENER PROGRAM

OPPORTUNITY CONTRACT—PAGE 2

SELECT SEVERAL PROJECT AREAS OF INTEREST TO YOU.

Plant Clinic

☐ Plant clinic (identifying plant problems)

Garden Projects

- ☐ City beautification
- ☐ 4-H/youth garden projects
- ☐ Weed/insect collection
- ☐ Demonstration garden
- ☐ Senior citizen garden project

Support Activities

- ☐ Artwork, calligraphy
- ☐ Photo album, photography

Communications/Writing

- ☐ Garden newsletter articles
- ☐ Newspaper articles
- ☐ Publicity for Idaho Master Gardener Program

Landscape Design/Maintenance

- ☐ Extension office landscape
- ☐ Other landscapes (must be approved by the Master Gardener coordinator)

Speaker's Bureau

☐ Speaker/presenter (topic) _____

- ☐ For youth groups only
- ☐ For adult groups only
- ☐ Audience makeup is not crucial

Special Events

- ☐ Information booths
- ☐ Fundraising events
- ☐ Garden tours

Office Assistance

- ☐ Filing/organizing paperwork
- ☐ Typing, mailing, stapling, collating
- ☐ Telephone answering

Other

☐ Special project (topic) _____

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VOLUNTEER CODE OF CONDUCT

2027 Version



University of Idaho Extension,
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This Code of Conduct is a contractual agreement accepted by volunteers who commit to the University of Idaho Extension Idaho Master Gardener (IMG) program. This code shall guide volunteer behavior during their involvement with the IMG program.

The IMG Program provides unbiased, research-based educational programs accessible to all Idaho residents. The primary purpose of this code of conduct is to ensure the safety and well-being of all IMG program participants. IMG volunteers are expected to function within the guidelines and policies of the federal government, State of Idaho, Kootenai County, University of Idaho, UI Extension and IMG program.

Please read and initial next to each line indicating that you have read, understand and agree. You are encouraged and advised to read the policies linked in this document.

When volunteering as a UI Extension Master Gardener, I agree to:

- ☐ Learn about, know and uphold the policies of U of I, UI Extension, and the Idaho Master Gardener program.
- ☐ Understand that I am enrolled as an authorized volunteer in an unpaid position; however, I am held to the employee standards within U of I policies and guidelines stated in our handbooks. I will uphold my position description and abide by all general institutional policies for U of I. [Faculty Staff Handbook | University of Idaho](#)
- ☐ Represent the core values of U of I, UI Extension and the IMG program. I agree to perform my volunteer role with the Kootenai County program with professionalism, dignity and pride creating harmony within U of I and its programs. This applies while working with youth, families, public, personnel, staff, faculty, organizations, agencies and other volunteers. I agree to a high level of ethical conduct while being courteous, cooperative, respectful and demonstrating good sportsmanship and behavior appropriate for a positive role model, as defined by University Ethics Policy 3170.
- ☐ Abide by Other General Institutional Policies 6230: *A person's political rights of citizenship are not impaired by his or her status as a UI employee. Nevertheless, employees may not exercise those political rights in UI's name, or through the use of UI facilities, stationery, forms, supplies, or services of any kind whatsoever, or in any way that might involve UI in partisan political activity or controversy. Under its charter, the state constitution, and Idaho laws, UI is strictly nonpartisan and nonsectarian and must remain so.*
- ☐ Cooperate with and support the local Extension Office staff and volunteers to jointly further the missions, vision, values, goals and objectives of UI Extension and IMG program: [Idaho Master Gardener Handbook | University of Idaho](#)
- ☐ Promote and support the activities and programs of UI Extension and my county IMG program as outlined in policy 6820, Other General Institutional Policies: *The University Advancement objective is to strengthen the external and internal understanding of the university such that public opinion, financial support, volunteer involvement, and student enrollment increase in a manner consistent with the strategic plan:* [Strategic plan | University of Idaho](#)
- ☐ Comply with equal opportunity and anti-discrimination laws. UI does have [expectations and processes about Climate](#) and requires our volunteers to adhere to excellence. I agree not to use language that demeans or targets a certain group of people and to foster learning and support to all people.
- ☐ Promote inclusion and address barriers for underserved populations. Barriers include language, culture, economic and access.
- ☐ Disseminate information without regard to race, age, color, religion, national origin or ancestry, sex, gender, disability, veteran status, genetic information, sexual orientation or gender identity or expression.
- ☐ Accept supervision, support and guidance from UI Extension faculty or staff while involved in the program.
- ☐ Accomplish our mission and strategic plan by communicating effectively with staff, faculty, fellow volunteers and the public through one-on-one interaction and/or small and/or large groups.
- ☐ Participate in orientation and training programs to help me work more effectively with varied audiences and other volunteers utilizing the most up-to-date horticultural information.
- ☐ Share only research-based and unbiased recommendations made as a representative of this organization, keeping personal opinions and actions separate.
- ☐ Support our mission and "Help People Grow" by allowing others to develop their own opinion and thoughts.
- ☐ Understand the audience for IMG program is non-commercial home gardeners. I understand that as an IMG volunteer, it is not my role to advise commercial growers or green industry professionals; but rather to refer commercial clients to the appropriate educators.
- ☐ Understand that as an IMG volunteer, I may not give advice that would be considered by the client as legal or medical in nature. I understand that as an IMG volunteer, I do not discuss the following issues: hazard trees (potential tree failure concerns), poisonous plants and mushrooms, medical use of herbs (including growing and use of marijuana), pesticide toxicity, and the misuse of pesticides.

- ☐ In relation to pest management, I understand that it is the role of the IMG program to provide clients with appropriate non-chemical and chemical alternatives allowing the client to select methods in harmony with their values. Any reference to pesticide use must come directly from Extension publications, the PNW Handbook or an equivalent peer-reviewed publication. All inquiries beyond the scope of Extension publications will be referred to the Extension educator or coordinator. I understand that I do not discuss or make comments about the toxicity of organic or synthetic pesticides beyond my scope. I agree to educate myself in this subject area, with peer reviewed sources and experts to help develop an unbiased understanding of the subject matter. Any inquiry about pesticide toxicity or mode of action will be referred to the *National Pesticide Information Center*, found here: <http://npic.orst.edu/>
- ☐ If asked, apply pesticides approved for use by the homeowner, while performing my duties, I will read and follow all label directions.
- ☐ I agree to follow through and complete accepted tasks in a timely manner in The Plant Clinic and other locations.
- ☐ I use garden tools and equipment and operate machinery, vehicles, and other equipment in a responsible manner, when working in a UI Extension IMG Demonstration Garden or other IMG site.
- ☐ I use UI technology resources (computers, lab equipment, electronics etc.) with the highest integrity and compliance to support the IMG program and UI mission. *Access and use of UI technology resources is a privilege and requires that users of such technology resources act responsibly. Users shall only access and/or make use of UI technology resources in a manner that is consistent with applicable federal and state laws and Idaho State Board of Education and UI policies and procedures. Users accessing UI technology resources have no expectation of privacy with respect to such uses. Please note that applicable laws and policies are not limited to those specifically addressing access to and use of computers and networks; they may also include, but are not limited to, laws and policies related to personal conduct in the policy linked below. (See FSH 3170 B 7): [APM Chapter 30: Information Technology Services | University of Idaho](#)*
- ☐ I agree to consistently exhibit civility and courtesy in my behavior towards UI Extension staff, other volunteers and the public. I recognize that others may think and do things differently than what I personally prefer. When this happens, I will be respectful of their values and perspectives. I will avoid disrupting program activities in any manner. I will not send inappropriate emails or communicate in negative ways through text with others in the program.
- ☐ I enter this program with an open mind to learn about research-based, peer reviewed information and inform myself about all views of topics pertaining to my role in this community as an educator and information seeker.
- ☐ Some topics we research, or activities we participate in may unearth biases and stereotypes. I agree to educate myself, to understand all sides of a subject or activity and challenge my thought process while upholding a courteous, respectful space for myself and others to learn and do the same.
- ☐ I agree to respect, adhere to and enforce the rules, policies and guidelines established by UI Extension, the IMG Program, and my county IMG Program as outlined by the program and in my volunteer log sheet.
- ☐ I refrain from using or possessing alcohol or illegal substances while participating as a volunteer. Being under the influence of alcohol or illegal substances during IMG service will result in termination as an IMG volunteer.
- ☐ I provide my own transportation and pay my own expenses incurred as part of official volunteer activities. Expenses may be tax deductible with proper documentation (consult a tax advisor).
- ☐ I comply with training, reporting, certification, annual renewal requirements, and other program activities as directed.
- ☐ I agree to participate in staff, faculty, and other program evaluations, if needed.
- ☐ I understand that the IMG email address and membership lists are for internal business use only. I will not use it for commercial business or send inappropriate or spam-type communications.
- ☐ I do my best to get along with volunteers, staff, faculty and instructors during my time in the IMG program.
- ☐ I understand that volunteering is a privilege, not a right; that I serve at the request of UI Extension; and that the request can be withdrawn at any time.
- ☐ I understand I am not covered under the UI liability policy. Once certified, I will be covered with supplemental medical coverage (second to your person medical coverage) while volunteering.

I have read and understand this code of conduct and links provided. I understand and agree that any action on my part that contradicts any portion of this code of conduct is grounds for action, including immediate removal from a program-related activity or termination from the volunteer program. Decisions regarding immediate removal, suspension or termination will be made by the county coordinator with subsequent notification of and consultation with the County Chair Position, the District Director, and State Coordinator. Volunteers who wish to appeal a decision may do so through the Appeal Process.

Signature

Name

Date

UNIVERSITY OF IDAHO EXTENSION - KOOTENAI COUNTY

IDAHO MASTER GARDENER PROGRAM

REFERENCES FORM

Applicant Name (First and Last)

Reference 1: Name (First and Last)

Relationship

Phone (Cell)

Email

Reference 2: Name (First and Last)

Relationship

Phone (Cell)

Email

Reference 3: Name (First and Last)

Relationship

Phone (Cell)

Email

NEW VOLUNTEER APPLICATION

Recommendation Form



University of Idaho Extension,
Kootenai County
1250 W. Ironwood Ave, Suite 107
Coeur d'Alene, ID
kootenaimg@uidaho.edu

Thank you for taking the time to provide a reference for an applicant to the Kootenai County Idaho Master Gardener Program. **Master Gardeners are volunteers first.** We value curiosity, integrity, reliability, communication, teamwork and a genuine interest in serving others.

Please complete this form and return it directly to:

Megan Snodgrass, Program Coordinator - msnodgrass@uidaho.edu

Idaho Master Gardener Program, University of Idaho Extension – Kootenai County

Recommendations can only be accepted if sent directly by the recommender; forms will not be accepted if submitted by the applicant.

Applicant Information

Applicant Name:	
Your Name:	
Email:	
Phone:	
Organization / Employer (if applicable):	
Your relationship to the applicant:	
How long have you known the applicant?	

About the Applicant

Please rate the applicant based on your experience with them. 5 – Excellent | 4 – Very Good | 3 – Good | 2 – Needs Development | 1 – Limited Opportunity to Observe | N/A – Not Applicable

Quality	5	4	3	2	1	N/A
Reliability & follow-through	☐	☐	☐	☐	☐	☐
Personal integrity & good judgment	☐	☐	☐	☐	☐	☐
Ability to work cooperatively with others	☐	☐	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐	☐	☐
Willingness to learn	☐	☐	☐	☐	☐	☐
Initiative & problem-solving	☐	☐	☐	☐	☐	☐
Leadership potential	☐	☐	☐	☐	☐	☐
Commitment to volunteer or community service	☐	☐	☐	☐	☐	☐
Professionalism & appropriate conduct	☐	☐	☐	☐	☐	☐
Ability to interact respectfully with diverse members of the public	☐	☐	☐	☐	☐	☐

Experience Working With Others

Children & Youth

Has the applicant worked with children or youth in a professional, volunteer, educational, recreational, or community setting?

☐ Yes ☐ No ☐ I don't know

If yes, please briefly describe the setting and your observations of the applicant's ability to work appropriately and effectively with children or youth.

Public / Community

Has the applicant worked directly with members of the public, customers, clients, community members or participants?

☐ Yes ☐ No ☐ I don't know

If yes, please describe the setting and the applicant's strengths when interacting with the public.

Leadership & Volunteer Experience

Has the applicant demonstrated leadership in a workplace, volunteer organization, community group, school, club or other setting?

☐ Yes ☐ No ☐ I don't know

Please describe an example of the applicant demonstrating leadership, initiative, or responsibility.

Has the applicant participated in volunteer or community service activities?

☐ Yes ☐ No ☐ I don't know

If yes, please describe the applicant's involvement and level of commitment.

Character Reference

Please describe two or three qualities that you believe would make this person a successful community volunteer.

What is one area in which this applicant could continue to grow or develop as a volunteer?

Overall Recommendation

☐ Strongly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend ☐ Not enough information

Additional comments:

Thank You

Thank you for helping us learn more about this prospective volunteer. Your thoughtful feedback helps us build a strong, welcoming and community-minded Master Gardener program.

Please return this completed form directly to Megan Snodgrass at msnodgrass@uidaho.edu.

Recommender Signature:

Date:

NEW VOLUNTEER APPLICATION

End of application



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THANK YOU!

We appreciate your interest in our program, and we are looking forward to onboarding a new crop of volunteers in 2027.

Please submit the completed application to program coordinator Megan Snodgrass msnodgrass@uidaho.edu by Monday, Nov. 30.

We will reach out in early December 2026 to schedule interviews with staff and current volunteers. In the meantime, please reach out to program coordinator Megan Snodgrass with any questions or concerns.

Until then, happy gardening!