

JMG Registration Packet

The forms described below are used in registering youths and leaders in the Junior Master Gardener program and for ordering completion certificates.

1. **Junior Master Gardener Registration Agreement Form.** The JMG Registration Agreement Form registers a properly organized and functional JMG group. The registration serves as a permit for use of the 4-H and JMG service marks, names, logos and emblems. It allows a group to function with all the rights and privileges of 4-H/JMG membership.
2. **Junior Master Gardener Member Group Enrollment Form (JMG 1-5.061).** The JMG program is expected to reach thousands of youths across the nation. To document each youth's participation in the program, the teacher and/or leader must complete form JMG 1-5.061 for each group. JMG 1-5.061 will provide statistical data for state and federal governments for future funding and civil rights documentation.

Use these guidelines when completing the Junior Master Gardener Member Group Enrollment Form:

County name: County in which the JMG program is being conducted

JMG group name: This name can be created by the youths (something catchy or related to region).

JMG group teacher/leader: Name of classroom teacher and/or leader (A registration form must be included for each person named.)

SECTION I: Unit Information

The JMG program can be organized in several ways:

- | | |
|-------------------------------|---|
| Community: | A community 4-H club having club officers, regular monthly meetings, a community service project, project meetings, a club manager, parental participation and project leaders. |
| Project: | Same as a community club, except that it concentrates on only one project and expands into other projects after the original one. |
| School: | Same as community club, except that it is organized and conducted in school; members may be divided into several clubs of different ages. |
| Community Partnership: | Has the same structure as a community club and can be delivered in a school setting. However, the lead volunteers managing the club come from at least two other distinct organizations whose goal or project is to work with youths (e.g., Lions Club, Key Club, etc.). |
| Special Interest: | Organized or coordinated by Extension personnel and directed and/or taught by volunteer adult or youth leaders. The meetings are conducted in informal classroom settings with members participating in at least 20- to 60-minute learning sessions with the total learning time of at least two hours. |
| Curriculum Enrichment: | A learning activity in a classroom setting, led by school faculty, a staff member or a volunteer. The project consists of at least six learning experiences, each 20 to 60 minutes long. It uses the 4-H clover and promotes other delivery methods in which youths can participate. |

- Camping:** Youth program in a structured, informal setting ranging from one full day to overnight.
- ENP-Y:** (Expanded Nutrition Program - Youth). Program designed to teach good nutrition and health. This program involves youths in all aspects of food production and consumption and can be delivered at schools as curriculum enrichment, in after-school programs or neighborhood groups, at recreation centers and summer day camps, and/or as displays at community health fairs.
- Clover Kids (K-2):** Informal educational program for youths ages 5 to 8 in kindergarten, first and second grades. This program is an introductory 4-H program for boys and girls.

SECTION II—Distribution of Members:

Record information in this section as accurately as possible. Make sure that each person in the project is accounted for and that the totals in all four boxes match. If the RACE AND GENDER Section reflects that all participants are of the same race, then please complete the two questions under the box. This will provide civil rights documentation concerning the setting of the project and its accessibility to all races and sexes.

- 3. Junior Master Gardener Leader/Teacher Registration Form (JMG 2-1.056).** All teachers and volunteers must complete this form, which will be used to gather statistical information on all volunteers and teachers in the program. The back of the registration form is an optional volunteer screening process. After completing these forms, school teachers and officials are strongly encouraged to review the information about all volunteers before beginning the program.

The teachers and/or volunteer leaders should complete this form at the beginning of each new class of Junior Master Gardeners.

You will receive an official letter of registration for your group from the JMG program headquarters. A copy of your Registration Packet will be sent to your local Extension office for its records.

- 4. JMG Completion Form.** Mail the completed JMG Publication Order Form plus your check or money order for the publications to JMG Distribution. All other forms in the JMG Registration Packet should be mailed to the Junior Master Gardener headquarters.

Junior Master Gardener Headquarters
225 HFSB
2134 TAMU
College Station, Texas 77843-2134
(979) 845-8565
Fax: (979) 845-8906
E-mail: jmg@tamu.edu

JMG Distribution
4066 State Hwy 6 South
College Station, TX 77845
1-888-JMG-KIDS
Fax: (979) 690-7547

When members of your group complete the JMG curriculum requirements, order JMG certificates by completing the JMG Completion Form and mailing it to the national JMG program headquarters. Certificates will be returned promptly so you can present them to the newest Junior Master Gardeners.

Please complete and return
the following four pages.



JMG Junior Master Gardener® Registration Agreement Form



We request through this Registration Agreement Form to be an official JMG group. Our group has met all of the following criteria:

1. A minimum of five youths
2. One or more adult teacher/leader(s)
3. Suitable meeting facilities (classroom, garden area)
4. An official club or group name (JMG office reserves the right to modify name)

JMG group name desired _____

JMG site _____

County where JMG group is located _____

Designated JMG teacher/leader _____ Date _____

Address _____ Telephone _____

_____ E-mail _____

City State ZIP

(Notify of any address changes)

Submitting this form:

The group teacher/leader should complete this form and submit it to the national JMG program headquarters at Texas A&M University:

Junior Master Gardener Program
225 Horticulture/Forestry Science Building
2134 TAMU
College Station, Texas 77843-2134
Phone: (979) 845-8565
Fax: (979) 845-8906

Educational programs conducted by Texas Cooperative Extension serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin.

Check:

- ☐ I have read the JMG Management Guide and agree to follow the JMG guidelines.
- ☐ I agree to assist in protecting the service marks and copyright of the JMG program as described.

JMG teacher/leader signature

Date



JMG Junior Master Gardener Leader/Teacher Registration Form

Code: 10089

Project Name: Junior Master Gardener

JMG 2-1.065



JMG Group Name _____ Unit/Club Number _____

Check preference

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Dr.

Name

(Last)

(First)

(Middle Initial)

Mailing Address _____

City/Town _____

Zip Code _____

Phone Number: Home () _____

Work () _____

E-mail Address: _____

☐ Male ☐ Female

☐ Adult ☐ Youth

This information is requested to gather statistics for compliance with nondiscrimination requirements.

Check only one

- ☐ 1. American Indian or Alaskan Native
- ☐ 2. Asian or Pacific Islander
- ☐ 3. Black - not Hispanic origin
- ☐ 4. Hispanic
- ☐ 5. White - not of Hispanic origin

Residence

Check only one

- ☐ 1. Rural/Farm
- ☐ 2. Town less than 10,000
- ☐ 3. City between 10,000 and 50,000
- ☐ 4. Suburb of city more than 50,000
- ☐ 5. Central city more than 50,000

Type of 4-H Unit

Check only one

- ☐ 1. Community
- ☐ 2. Project
- ☐ 3. School
- ☐ 4. Community Partnership
- ☐ 5. Clover Kids (K-2)
- ☐ 6. Special Interest
- ☐ 7. Curriculum Enrichment
- ☐ 8. Camping
- ☐ 9. ENP-Y

Major Leadership Responsibility

- ☐ 1. Club Manager
- ☐ 2. Project Leader
- ☐ 3. Activity Leader
- ☐ 4. JMG Volunteer (specify) _____
- ☐ 5. Other (specify) _____

Years as a 4-H Leader (including this year) _____

4-H Alumni: ☐ Yes ☐ No

State _____
County _____

Do you work directly with youth?

☐ Yes ☐ No

Date

Signature

Educational programs of Texas Cooperative Extension are open to all people without regard to race, color, sex, disability, religion, age or national origin.

The following information is requested in support of the National JMG program's commitment to continually guarantee the safety of the members during 4-H participation.

Volunteer Interest (To be completed by volunteers 18 years or older)

Have you previously served as a 4-H volunteer? ☐ Yes ☐ No

If yes, where? _____ County _____ State _____

And how many years? _____

Personal Information

Do you have a current/valid driver's license? ☐ Yes ☐ No

Do you have automobile liability insurance? ☐ Yes ☐ No

If Yes, driver's license # _____

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (This includes a plea of guilty or no contest. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , list all convictions below, from the oldest to the most recent.			
Date of Conviction Month and Year	Mark appropriate box		Offense (Do not use abbreviations)
	Misdemeanor	Felony	

References

1. Name _____	2. Name _____	3. Name _____
Address _____	Address _____	Address _____
City _____ ZIP _____	City _____ ZIP _____	City _____ Zip _____
Telephone _____	Telephone _____	Telephone _____

I certify that the statements made by me on this registration form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement made herein will void this registration form and any actions based upon it. I authorize the 4-H JMG Program or any of its components to make reference checks relating to my volunteer service. I understand that this application and all attachments are the property of the Texas 4-H & Youth Development Program.

_____ Date _____ Volunteer Signature _____



JMG Junior Master Gardener® Member Group Enrollment Form JMG 1-5.061



County name _____

JMG group name _____

Date ____ / ____ / ____

JMG group teacher/leader _____

SECTION I—Unit Information: Type of 4-H organization (check only one)

- | | |
|---|---|
| <input type="checkbox"/> 1. Community | <input type="checkbox"/> 6. Curriculum Enrichment |
| <input type="checkbox"/> 2. Project | <input type="checkbox"/> 7. Camping |
| <input type="checkbox"/> 3. School | <input type="checkbox"/> 8. ENP-Y |
| <input type="checkbox"/> 4. Community Partnership | <input type="checkbox"/> 9. Clover Kids (K-2) |
| <input type="checkbox"/> 5. Special Interest | |

**check below
curriculum used:**
Level One: ____
Level Two: ____

FOR OFFICE USE ONLY

County number _____

Unit/club number _____

SECTION II—Distribution of Members by: Totals in this section for age, residence and race and gender should all be the same.

AGE

Age	Number
Under 9	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

RESIDENCE

Residence	Number
Rural/farm	
Town less than 10,000	
City between 10,000 and 50,000	
Suburb of city more than 50,000	
Central city more than 50,000	
Total	

JMG PROJECT CODE

Code	10089
Males	
Females	

RACE AND GENDER

	Males	Females	Totals
White - not of Hispanic Origin			
Black - not of Hispanic Origin			
American Indian or Alaskan Native			
Hispanic			
Asian or Pacific Islander			
Totals			

If all participants are of the same race, please answer the following questions:

Is this unit in a racially mixed community (at least two different racial groups)? ☐ Yes ☐ No

Is this unit integrated? ☐ Yes ☐ No



JMG Junior Master Gardener® Completion Form

(For Certificates - Duplicate as Needed)



Upon completion of the JMG curriculum requirements, fill out this form to request JMG certificates for your group members. Mail the completed form to Junior Master Gardener Program, 225 HFSB, 2134 TAMU, College Station, Texas 77843-2134.

Date: _____ County: _____ JMG group name: _____

Name	Address	City/State/ZIP	CERTIFICATION REQUIREMENTS COMPLETED		
			JMG Level 1 (Check below: all 8 chapters must be completed)	JMG Golden Ray Series (List Golden Ray Series completed below)	JMG Level 2: Operation Thistle (List module completed below: i.e Seeds of Despair—Plant Growth Development)

I certify that JMG group members have completed all the requirements to receive the above certification.

Teacher/leader name: _____ Signature: _____ Date: _____

Certificates should be mailed to the following address: _____

Phone () _____ City _____ State _____ ZIP _____