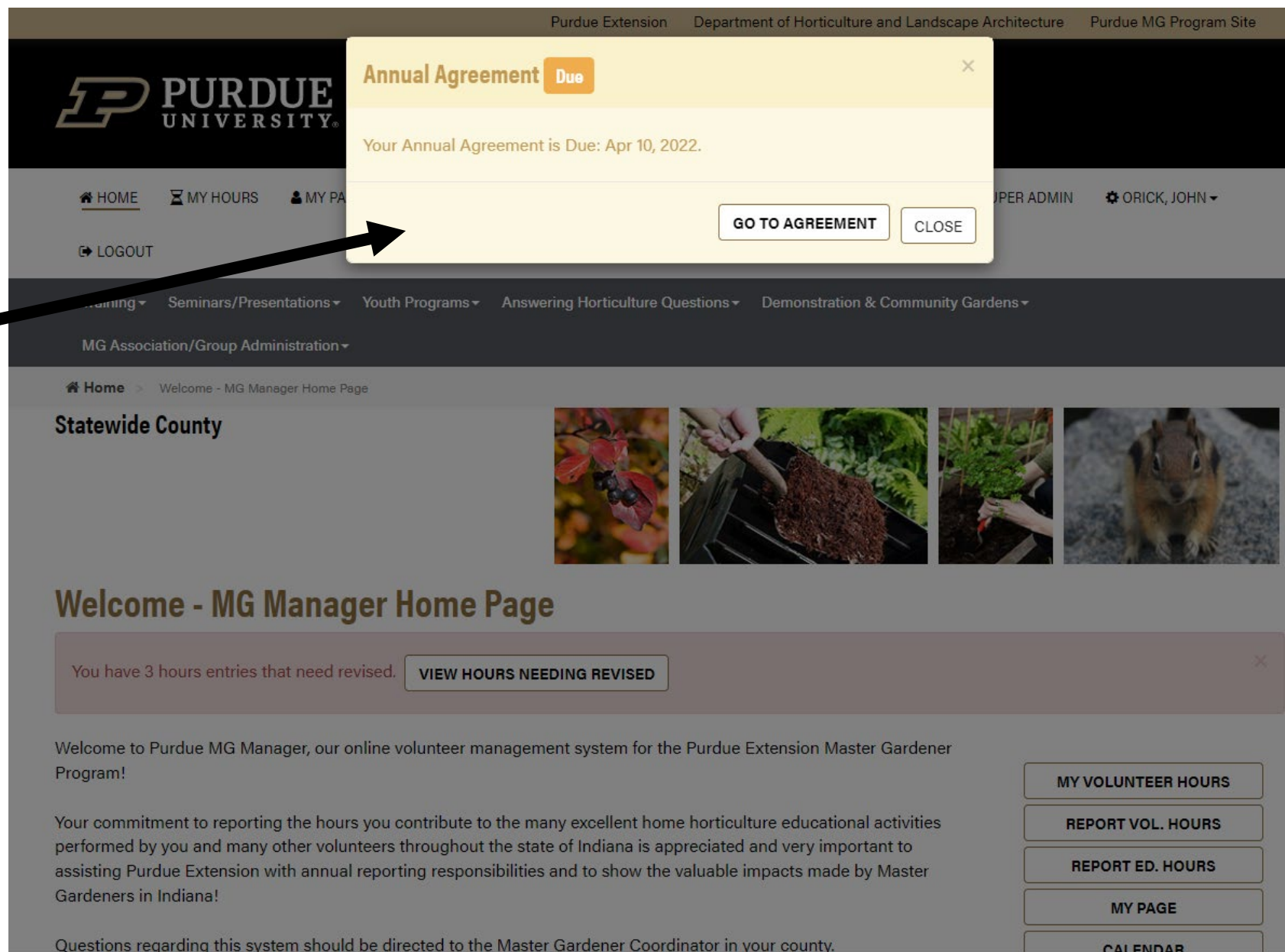


Purdue EMG will see this pop up when they login to MG Manager. This pop up will appear 4 weeks prior to their agreement due date.

Click on “Go to Agreement” to complete and sign it.

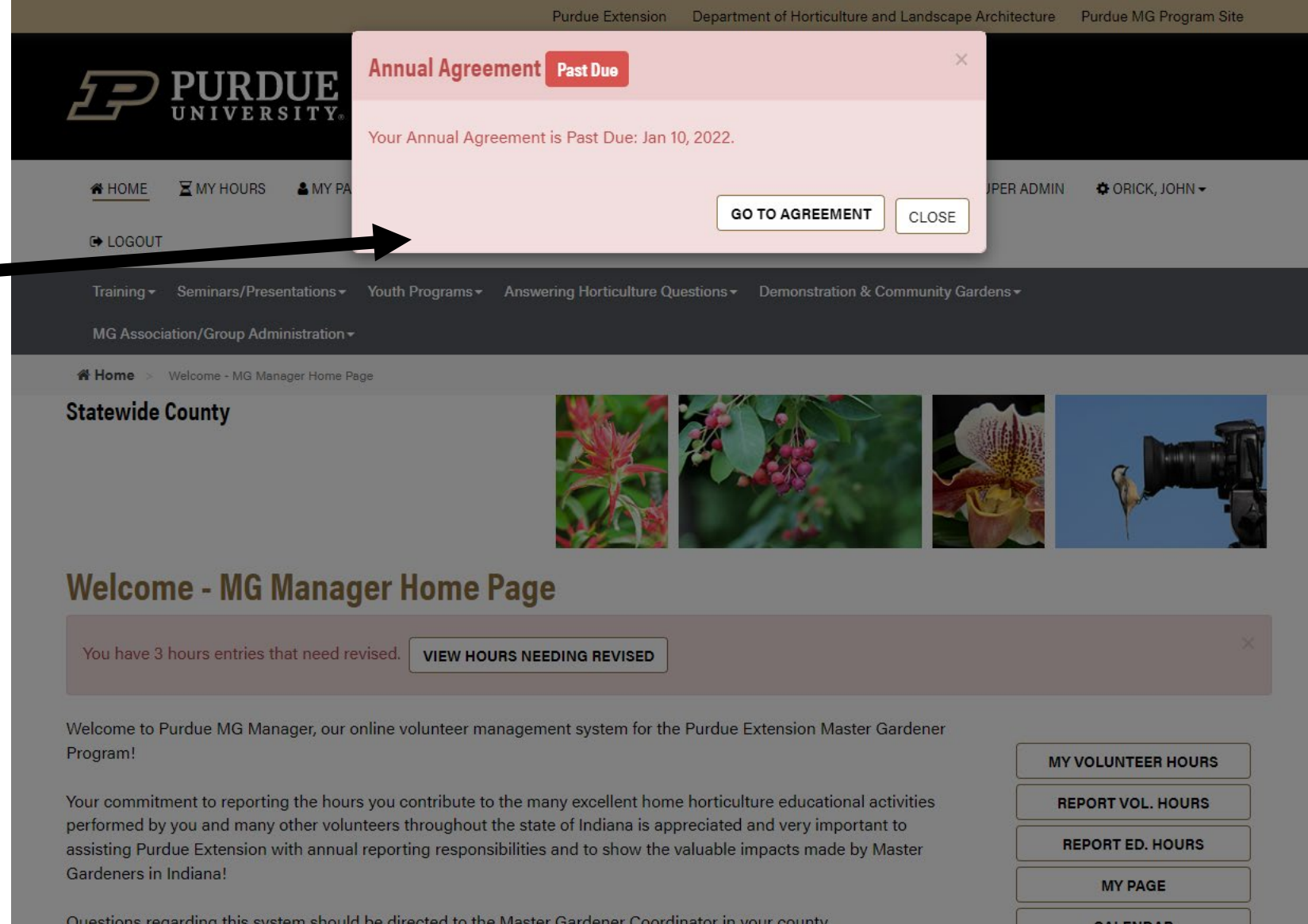
The agreement will not be visible on their My Page until that time.



The screenshot displays the Purdue MG Manager website interface. At the top, the Purdue University logo is visible on the left, and navigation links for 'Purdue Extension', 'Department of Horticulture and Landscape Architecture', and 'Purdue MG Program Site' are on the right. A yellow pop-up window titled 'Annual Agreement Due' is prominently displayed in the upper right, stating 'Your Annual Agreement is Due: Apr 10, 2022.' and featuring 'GO TO AGREEMENT' and 'CLOSE' buttons. A black arrow points from the text on the left towards this pop-up. Below the pop-up, the website's main navigation bar includes links like 'HOME', 'MY HOURS', 'MY PAGE', 'LOGOUT', and various program categories. The main content area shows a 'Welcome - MG Manager Home Page' with a 'Statewide County' section and a row of four images depicting gardening activities. A notification bar indicates 'You have 3 hours entries that need revised.' with a 'VIEW HOURS NEEDING REVISED' button. The footer contains a welcome message and a sidebar with buttons for 'MY VOLUNTEER HOURS', 'REPORT VOL. HOURS', 'REPORT ED. HOURS', 'MY PAGE', and 'CALENDAR'.

Purdue EMG will see this pop up when they login to MG Manager if their agreement is past due.

Click on “Go to Agreement” to complete and sign it.



The screenshot shows the Purdue MG Manager website interface. At the top, the Purdue University logo is visible on the left, and navigation links for 'Purdue Extension', 'Department of Horticulture and Landscape Architecture', and 'Purdue MG Program Site' are on the right. A pink pop-up window titled 'Annual Agreement Past Due' is centered on the screen, with a close button (X) in the top right corner. The pop-up text states: 'Your Annual Agreement is Past Due: Jan 10, 2022.' Below this text are two buttons: 'GO TO AGREEMENT' and 'CLOSE'. A black arrow points from the text 'Click on “Go to Agreement” to complete and sign it.' to the 'GO TO AGREEMENT' button. The background website shows a header with links like 'HOME', 'MY HOURS', 'MY PAGE', and 'LOGOUT'. Below the header is a navigation menu with categories like 'Training', 'Seminars/Presentations', 'Youth Programs', 'Answering Horticulture Questions', and 'Demonstration & Community Gardens'. The main content area features a 'Statewide County' section with four images of plants and a 'Welcome - MG Manager Home Page' section. A notification bar at the bottom of the main content area states: 'You have 3 hours entries that need revised.' with a 'VIEW HOURS NEEDING REVISED' button. On the right side of the page, there is a vertical menu with buttons for 'MY VOLUNTEER HOURS', 'REPORT VOL. HOURS', 'REPORT ED. HOURS', 'MY PAGE', and 'CALENDAR'.

After clicking the “Go To Agreement” button, a screen like this will appear.

Purdue EMG’s should review their contact information and the provisions of the agreement before clicking the agreement box and signing.

[<< RETURN TO MY PAGE](#)[UPDATE YOUR INFORMATION](#)

## Purdue Extension Master Gardener Volunteer Application and Agreement

AGREEMENT #4802

This Annual Agreement is due: Jan 10, 2022. Please confirm all of the information is correct, sign, and submit below.

### YOUR CONTACT INFORMATION

Name: John C. Oriok  
Alias/Maiden Name:  
E-Mail: oriock@purdue.edu  
Address: 625 Agriculture Mall Dr  
West Lafayette, IN 47907  
Tel (Primary): (765) 490-7800  
Tel (Secondary):  
County of training: Statewide  
County of Service: Statewide

### EMERGENCY CONTACT INFORMATION

Name: Evelyn Oriok  
Telephone: (765) 888-2820  
Relationship: wife

### PROVISIONS OF THE AGREEMENT TO PARTICIPATE IN THE PURDUE EXTENSION MASTER GARDENER PROGRAM

PLEASE READ THE STATEMENTS BELOW. BY SIGNING THIS FORM, YOU AGREE TO ALL THE STATEMENTS BELOW.

- Use of Title.** I understand that the title "Purdue Extension Master Gardener" is to be used exclusively in the Purdue EMG Program. Purdue EMGs are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue EMG Program.
- Understanding Policies.** I have read the Purdue EMG Program Policy Guide ([wwwhort.purdue.edu/mg](http://wwwhort.purdue.edu/mg)) and agree to follow all policies regarding participation in the program.
- Age Certification.** I am 18 years or older.
- Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the Purdue EMG Program Policy Guide.
- Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue EMGs explained in the Purdue EMG Program Policy Guide.
- Pest Recommendations.** I agree to make recommendations to the public according to the Purdue EMG pest information policy outlined in the Purdue EMG Program Policy Guide.
- Liability Release.** I understand that participating in the Purdue EMG Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue EMG Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- First Aid.** I give permission for Purdue EMG Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue EMG Program activities. I shall be financially responsible for the cost of any medical treatment.
- Photo Release.** I grant permission for the Purdue EMG program to use videos or photographs of me for educational purposes or promotion of the Purdue EMG program and/or Purdue Extension programs.
- Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at [www.purdue.edu/business/risk\\_mgmt/Vehicle\\_Use\\_Info](http://www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info).
- Volunteer Service.** I agree to contribute at least 40 hours of volunteer service within two years of completing Purdue EMG Basic Training (See note on page 7 of the Purdue EMG Program Policy Guide concerning minimum certification requirements.). I also understand that in order to continue my certification as a Purdue EMG I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my EMG county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the EMG county coordinator at least once per year using a reporting method approved by the EMG county coordinator.
- County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue EMG is the coordinator and advisor for the Purdue EMG Program in that county and for my involvement in the program.
- Notification of Changes.** I will contact the Purdue EMG county coordinator or Purdue EMG state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue EMG volunteer.

Agreement Revised Date: 01/01/2020

☐ Check this box to indicate your agreement to the provisions to participate in the Purdue Extension Master Gardener Program

Applicant's Signature



Please type your full name here

[SIGN AND SAVE FORM](#)

Today's Date



08/22/2022

After reviewing the information, Purdue EMG's will need to click the agreement box and enter their full name.

Click "Sign and Save Form" when they are ready to submit their agreement.

- **Use of Title.** I understand that the title "Purdue Extension Master Gardener" is to be used exclusively in the Purdue EMG Program. Purdue EMGs are expected to identify themselves as such only when engaged in unpaid public service approved by Purdue Extension. Appearing in a commercial activity, endorsing commercial products, or implying Purdue University endorsement of any product or place of business are inappropriate and violate the policies of the Purdue EMG Program.
- **Understanding Policies.** I have read the Purdue EMG Program Policy Guide ([www.hort.purdue.edu/mg](http://www.hort.purdue.edu/mg)) and agree to follow all policies regarding participation in the program.
- **Age Certification.** I am 18 years or older.
- **Registry Checks.** I consent to annual registry checks via the Dru Sjodin National Sex Offender Registry and Indiana Sex Offender Registry as explained in the Purdue EMG Program Policy Guide.
- **Identity Verification.** I agree to provide evidence of a government-issued photo ID verifying my identity.
- **Behavioral Expectations.** I agree to abide by the adult behavioral expectations for Purdue EMGs explained in the Purdue EMG Program Policy Guide.
- **Pest Recommendations.** I agree to make recommendations to the public according to the Purdue EMG pest information policy outlined in the Purdue EMG Program Policy Guide.
- **Liability Release.** I understand that participating in the Purdue EMG Program can involve certain risks to me. I accept those risks. I hereby discharge Purdue University, the Trustees of Purdue University, the county commissioners, the Purdue Extension county office, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims that I might have for any injury or harm including death, arising out of my participation in any activity related to the Purdue EMG Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.
- **First Aid.** I give permission for Purdue EMG Program and its representatives, and emergency personnel to make necessary first aid decisions if I am injured or fall ill while participating in Purdue EMG Program activities. I shall be financially responsible for the cost of any medical treatment.
- **Photo Release.** I grant permission for the Purdue EMG program to use videos or photographs of me for educational purposes or promotion of the Purdue EMG program and/or Purdue Extension programs.
- **Vehicle Use.** I certify that I comply with all requirements established by the Purdue University Use of Vehicles for University Business policy explained at [www.purdue.edu/business/risk\\_mgmt/Vehicle\\_Use\\_Info](http://www.purdue.edu/business/risk_mgmt/Vehicle_Use_Info).
- **Volunteer Service.** I agree to contribute at least 40 hours of volunteer service within two years of completing Purdue EMG Basic Training (See note on page 7 of the Purdue EMG Program Policy Guide concerning minimum certification requirements.). I also understand that in order to continue my certification as a Purdue EMG I must contribute at least 12 hours of volunteer service and 6 hours of educational training approved by my EMG county coordinator each subsequent year. I agree to report volunteer activity and educational training hours to the EMG county coordinator at least once per year using a reporting method approved by the EMG county coordinator.
- **County Coordinator.** I understand that the Purdue Extension educator serving as the Master Gardener county coordinator for the county where I volunteer as a Purdue EMG is the coordinator and advisor for the Purdue EMG Program in that county and for my involvement in the program.
- **Notification of Changes.** I will contact the Purdue EMG county coordinator or Purdue EMG state coordinator if changes in my life occur that cause me to be ineligible to serve as a Purdue EMG volunteer.

Agreement Revised Date: 01/01/2020

☒ Check this box to indicate your agreement to the provisions to participate in the Purdue Extension Master Gardener Program

Applicant's Signature

 John Orick

**SIGN AND SAVE FORM**

Today's Date

 03/22/2022

CHANGE SITE MODE

Site Mode: full for John Orick (ID 2) Auth: 1 Type: State Coordinator

X



Be sure to provide any missing information, if needed.

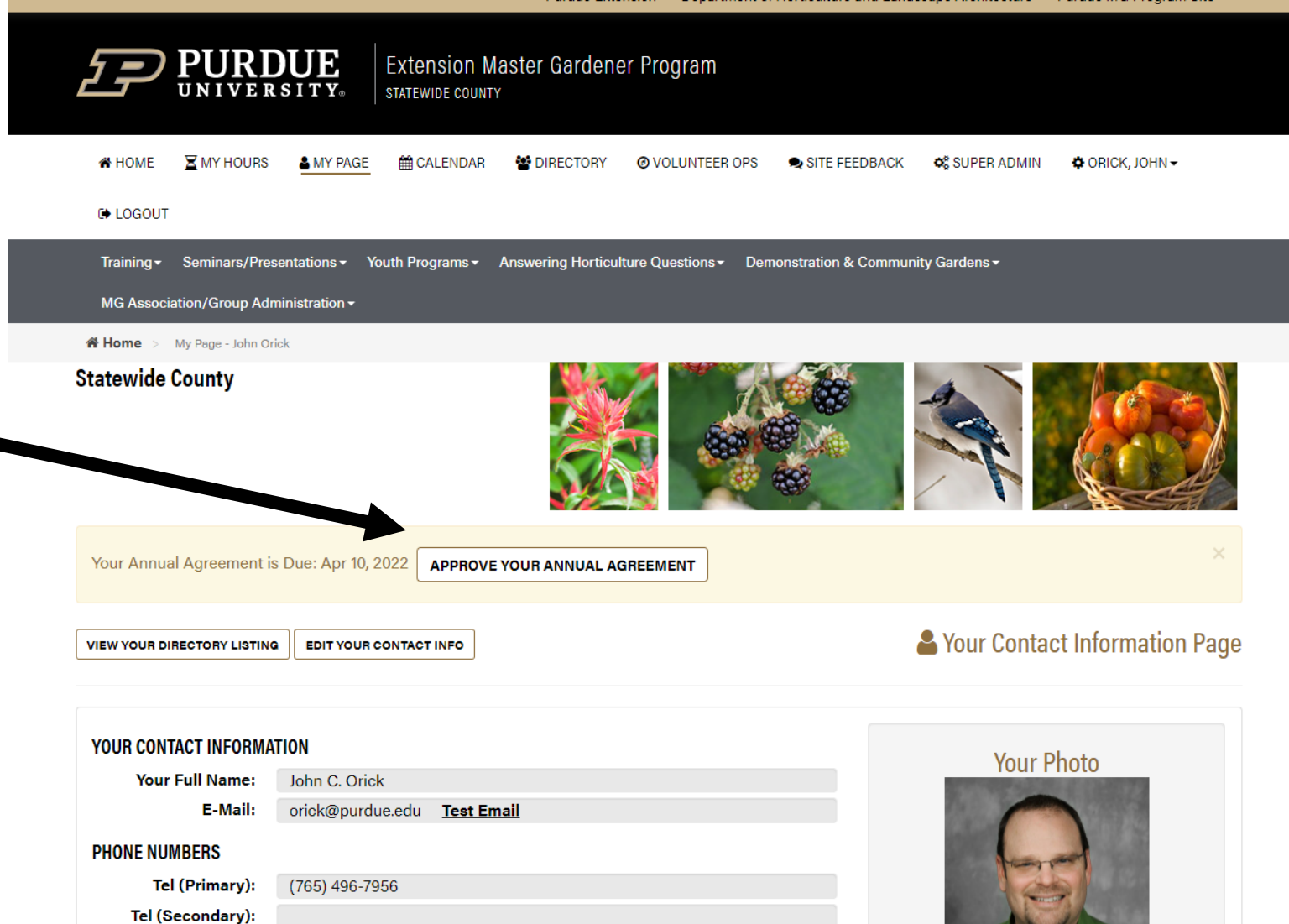
Annual agreements cannot be completed until missing info is provided. A warning message will alert EMG's of this missing info when completing the agreement.

Click on “Update Your Contact Information” to provide the missing information. The warning message will list the missing information.

The screenshot displays the Purdue Extension Master Gardener Volunteer Application and Agreement page. A yellow warning box titled "Missing Contact Information" with a "Notice" tag is overlaid on the page. The warning message states: "There are required fields missing: County where training was received. You will need to update your information before signing and submitting this Annual Agreement." Below the warning is a button labeled "UPDATE YOUR CONTACT INFORMATION". A large black arrow points from the text "Click on 'Update Your Contact Information'" to this button. The background page shows the Purdue University logo, navigation links (HOME, MY HOURS, MY PAGE, LOGOUT), and a breadcrumb trail: Home > My Info > Volunteer Application and Agreement. The page title is "Statewide County". Below the title are four small images: a bird, a garden pond, a garden path, and a wasp. At the bottom, there is a section titled "YOUR CONTACT INFORMATION" with an "EDIT" button. The contact information fields are: Name: John C. Orick, Alias/Maiden Name: (empty), and E-Mail: orick@purdue.edu. A footer message states: "This Annual Agreement is due: Apr 10, 2022. Please confirm all of the information is correct, sign, and submit below."

After entering the missing information and saving it, go back to your “My Page” and click on “Approve Your Annual Agreement”.

Click the agreement box, enter your name, and sign/save the agreement to submit it. (see prior slide for screenshots.)



**PURDUE UNIVERSITY** | Extension Master Gardener Program  
STATEWIDE COUNTY

HOME MY HOURS MY PAGE CALENDAR DIRECTORY VOLUNTEER OPS SITE FEEDBACK SUPER ADMIN ORICK, JOHN

LOGOUT

Training Seminars/Presentations Youth Programs Answering Horticulture Questions Demonstration & Community Gardens

MG Association/Group Administration

Home > My Page - John Orick

Statewide County

Your Annual Agreement is Due: Apr 10, 2022 **APPROVE YOUR ANNUAL AGREEMENT**

[VIEW YOUR DIRECTORY LISTING](#) [EDIT YOUR CONTACT INFO](#) [Your Contact Information Page](#)

**YOUR CONTACT INFORMATION**

Your Full Name: John C. Orick


E-Mail: orick@purdue.edu [Test Email](#)

**PHONE NUMBERS**

Tel (Primary): (765) 496-7956

Tel (Secondary):

Your Photo



After submitting the agreement, a screen like this will appear.

Purdue Extension Department of Horticulture and Landscape Architecture Purdue MG Program Site

**PURDUE UNIVERSITY** Extension Master Gardener Program  
STATEWIDE COUNTY

HOME MY HOURS MY PAGE CALENDAR DIRECTORY VOLUNTEER OPS SITE FEEDBACK SUPER ADMIN ORICK, JOHN

LOGOUT

Training Seminars/Presentations Youth Programs Answering Horticulture Questions Demonstration & Community Gardens

MG Association/Group Administration

Home > My Page - John Orick

Statewide County

Thank you for reviewing and submitting your Annual Agreement. We appreciate your participation in the program.

[VIEW YOUR DIRECTORY LISTING](#) [EDIT YOUR CONTACT INFO](#) [Your Contact Information Page](#)

**YOUR CONTACT INFORMATION**

Your Full Name: John C. Orick

E-Mail: orick@purdue.edu [Test Email](#)

**PHONE NUMBERS**

Tel (Primary): (765) 496-7956

Tel (Secondary):

**MAILING ADDRESSES**

Address: 625 Agriculture Mall Dr  
West Lafayette, IN 47907

**ADDITIONAL PROFILE INFO**

Receive Email: Yes

Privacy Setting: Hide All Contact Info

Your Photo

[UPDATE YOUR PHOTO](#)