



Application

Name _____ Prefer to be called _____

Mailing Address _____ How Long at this address? _____

City _____ State _____ Zip Code _____ County _____

Email _____ Phone (Home) _____ (Work) _____ (Cell) _____

Best time to call _____

Current employment status:

- retired work full time work part time not employed for pay

Please circle your highest education level.

6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8

Years of gardening experience in the area. _____

List your top three areas of gardening interest. Example: vegetables, roses, houseplants, etc.

List any gardening groups in which you are currently active.

List gardening magazines you currently receive.

List any formal training in horticulture/gardening.

List programs/services you have received or participated in from the Cooperative Extension Service.

List volunteer roles you are most interested in performing.

List any special skills that might be used in a volunteer capacity. Examples: computers, graphic design, teaching, etc.

Indicate the best day and time for you to do volunteer work. Example: Friday mornings.

List previous work experience that might assist you in the Extension Master Gardener Volunteer program.

Why do you wish to become an Extension Master Gardener Volunteer?

Previous volunteer experience.

Organization	Position	Number of years
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List two personal, non relative references that we may contact.

Name	Address	Phone	Relationship
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I wish to become a participant in the Extension Master Gardener Volunteer program. I understand the applications will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I agree to volunteer a minimum of 40 hours of service to the Cooperative Extension Service Master Gardener Volunteer program within one year following class completion. I understand that there will be a training fee.

Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation? ___ Yes ___ No
If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. A criminal record will not necessarily prevent an applicant from becoming an Extension Master Gardener volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)

I hereby authorize the NC State Cooperative Extension agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

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 Signature _____ Date _____

Return to your local NC Cooperative Extension Office.

*The North Carolina Cooperative Extension Service is an equal opportunity employer.
Employment and programs opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability.*

North Carolina Extension Master Gardener Volunteer Application

This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. NC Cooperative Extension policy prohibits unlawful discrimination based on race, sex, color, creed, religion, national origin, age, disability, or political affiliation.

DEMOGRAPHIC DATA

Last Name	First Name	M.I.
Maiden Name	Gender: ___Male ___ Female	Date of Birth ____/____/____ Month / Day / Year
Ethnic Group African American ___ Native American ___ Asian ___ Pacific ___ Hispanic ___ White (Non- Hispanic) ___ Other _____		