



Master Gardener

Extension Master Gardener Volunteer

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

List two personal, non relative references that we may contact.

Name

Address

Phone

Relationship

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.

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: NC Cooperative Extension
120 Community Way
Barco, NC 27917
232-2262