



North Carolina Extension Master Gardener Volunteer Application McDowell County

Extension Master Gardener

**Please return all seven (7)
pages of the completed
Application to: 60 East Court
Street Marion, NC 28752**

Application Due Date:

GENERAL INFORMATION *(please print)*

Name _____	Prefer to be called _____
(First) (Middle Initial) (Last)	
Mailing Address _____	
(Street, P.O. Box, Route, Apt #) (City) (State) (Zip)	
Residence _____	
(Physical location if different than mailing address)	
How long at this address _____	

CONTACT INFORMATION

Phone: Daytime (____) _____	Cell(____) _____	FAX (____) _____	
Evening (____) _____	Email _____		
Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Emergency Contact:	Name _____	Relationship _____	
	Phone (____) _____	(Day) (____) _____	(Evening) _____
	Cell (____) _____		

Indicate the best day and time for you to do volunteer work. *Example: Fridaymornings*

List dates/times during the next year that you will NOT be available for volunteer service (vacation, job, and other commitments).

EMPLOYMENT AND VOLUNTEER EXPERIENCE

CURRENT EMPLOYMENT STATUS(please check one)

- retired work fulltime work parttime not employed forpay

Please complete all occupation and volunteer positions for the last 10 years (add pages if necessary.)

CurrentOccupation/VolunteerPosition	Employer/Organization	
Employer/OrganizationAddress	Employer/OrganizationTelephone	
City, State,Zip	EmailAddress	EmployedFrom/To
PreviousOccupation/VolunteerPosition	Employer/Organization	
Employer/OrganizationAddress	Employer/OrganizationTelephone	
City, State,Zip	EmailAddress	EmployedFrom/To
PreviousOccupation/VolunteerPosition	Employer/Organization	
Employer/OrganizationAddress	Employer/OrganizationTelephone	
City, State,Zip	EmailAddress	EmployedFrom/To

Plselistthreereferences,notrelatedtoyou,whoyou haveknown you for at least two years.

Name	Address, City, State,Zip	
Telephone NumberDay Evening	EmailAddress	Relationship
Name	Address, City, State,Zip	
TelephoneNumberD ay Evening	EmailAddress	Relationship
Name	Address, City, State,Zip	
Telephone NumberDay Evening	EmailAddress	Relationship

EDUCATION AND GARDEN EXPERIENCE

Please circle your highest education level.

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

Years of local gardening experience _____

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

List any gardening groups in which you are currently active.

List Cooperative Extension programs you have participated in or services you have received.

List volunteer roles you are most interested in performing.

List any special skills that you could contribute in a volunteer capacity. Examples: computers, graphic design, teaching, grant writing, etc.

List any formal training in horticulture/gardening.

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

I wish to become a participant in the North Carolina Extension Master Gardener Training Program, and would like to be accepted into the next class. 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 NC State Extension Master Gardener Volunteer program within one year following class completion.** I understand that to continue as an Extension Master Gardener Volunteer there are annual recertification requirements including both volunteer service and continuing education. There is a fee to cover the initial training, administrative and program expenses.

I agree to abide by all policies and procedures of North Carolina Cooperative Extension Service.

I understand that North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, veteran status or disability. In addition, the two Universities welcome all persons without regard to sexual orientation.

I hereby certify that all of the entries on this application are true and complete. Understand that any falsification of information herein constitutes cause for dismissal.

Applicant Signature _____ Date _____

DEMOGRAPHIC DATA

The following 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.

<p>1. Gender (optional)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I identify using a different term</p>	<p>2. Ethnicity (optional):</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Not Hispanic</p>
<p>3. Race (optional)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> American Indian/Alaskan</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p>	<p>4. I Live:</p> <p><input type="checkbox"/> On a farm</p> <p><input type="checkbox"/> Rural area or town under 10,000 population</p> <p><input type="checkbox"/> Town or city of 10,000 to 50,000 population</p> <p><input type="checkbox"/> Suburban city over 50,000 population</p> <p><input type="checkbox"/> City over 50,000 population</p>

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BACKGROUND SCREENING CONSENT

LastName	FirstName		*Social Security Number
Current Address		Since when?	Date of Birth / /
City	State	Zip	County
Home Phone	Drivers licenses number and state DL# State	Date of Expiration / /	

List below previous residence(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address.)

Previous address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date, nature, and disposition of offense. (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 specific of the volunteer position for which you are applying.)
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I hereby authorize the 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 _____

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

<p>For Office Use Only</p> <p>The criminal background check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p> <p>Date of background check: _____ Name of person conducting the check: _____</p> <p>If unsatisfactory, please explain</p> <p>_____</p>
