



2017 Application for the Extension Master Gardenersm Volunteer Program (Please print)



Name: _____

Prefer to be called: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work: _____ Best time to call _____

Cell: _____ Email address: _____

Current employment status:
___ Retired ___ Work Full Time ___ Work Part-time ___ Not Employed for Pay

Please circle your highest education level
School: 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 garden 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 you have in gardening.

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

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 Gardenersm program.

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

List any previous volunteer experience:

Organization	Position	Number of years
_____	_____	_____
_____	_____	_____

List two personal, non-relative references that we may contact:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

I wish to become a participant in the Extension Master Gardenersm program. I understand that the applications will be screened to select the best candidates for the volunteer roles within Cooperative Extension to assist in providing consumer horticulture education. If accepted, I agree to volunteer a minimum of 40 hours of service to the Extension Master Gardenersm program within one year following class completion. **I understand that there will be a training fee of \$130.00 to cover the cost of supplies and materials. Application deadline is November 18, 2016. Late applications are not accepted.**

Signature	Date
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Return to: Kenny Bailey
Extension Agent
NCCE – Cumberland County Center
301 East Mountain Drive
Fayetteville, North Carolina 28306

For accommodations for persons with disabilities, contact Kenny Bailey at 910-321-6871, no later than five business days before the event.

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. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.