**North Carolina**

**Extension Master Gardener Volunteer**

**2020 Application**

**Cumberland County**

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**Please return all six (6) pages of the completed Application to: EMGV Program, 301 East Mountain Drive, Fayetteville, NC 28306**

**Application Due Date: November 15, 2019**

**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: □ Morning □ Afternoon □ Evening

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Day) (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening)

 Cell (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**EMPLOYMENT AND VOLUNTEER EXPERIENCE**

**CURRENT EMPLOYMENT STATUS** *(please check one)*

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

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

|  |  |
| --- | --- |
|  Current Occupation/Volunteer Position | Employer/Organization |
|  Employer/Organization Address | Employer/Organization Telephone |
| City, State, Zip | Email Address | Employed From/To |
| Previous Occupation/Volunteer Position | Employer/Organization |
| Employer/Organization Address | Employer/Organization Telephone |
| City, State, Zip | Email Address | Employed From/To |
| Previous Occupation/Volunteer Position | Employer/Organization |
| Employer/Organization Address | Employer/Organization Telephone |
| City, State, Zip | Email Address | Employed From/To |

**Please list three references, not related to you, who you have known you for at least two years.**

|  |  |
| --- | --- |
| Name | Address, City, State, Zip |
| Telephone Number DayEvening | Email Address | Relationship |
| Name | Address, City, State, Zip |
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| Name | Address, City, State, Zip |
| Telephone Number DayEvening | Email Address | 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.**

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**List any gardening groups in which you are currently active.**

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

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**List volunteer roles you are most interested in performing.**

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

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**List any formal training in horticulture/gardening.**

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

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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*.

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

*Rest of page intentionally left blank.*

**North Carolina Extension Master Gardener Volunteer Application**

# BACKGROUND SCREENING CONSENT

|  |  |  |  |
| --- | --- | --- | --- |
|  Last Name | First Name | M.I. | **\***Social Security Number |
| Current Address | Since when? | Date of Birth/ /\_ |
| City | State | Zip | County |
| Home Phone | Drivers licenses number and stateDL# 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? □Yes □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 specifics of the volunteer position for which you are applying.) |

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.

***For Office Use Only***

The criminal background check was: □Satisfactory □Unsatisfactory

Date of background check: Name of person conducting the check:

If unsatisfactory, please explain