

Name _____ Prefer to be called _____

Mailing Address _____

City _____ State NC Zip Code _____ County _____

How long at this address? _____

Email _____

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

Best time to call _____ Best number to call _____

Current employment status:

Please select 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 any formal training in horticulture/gardening.

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

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
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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.

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 by January 15, 2016

Mail to: Catawba County Cooperative Extension

PO Box 389

Newton, NC 28658

Or

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.

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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 White (Non-Hispanic) Asian Black (Non-Hispanic) American Indian Hispanic Other _____		

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