

NC STATE

Extension Master Gardener

**North Carolina
Extension Master Gardener Volunteer
Application
Forsyth County**

Please return all four (4) pages of the completed Application by email to lkpeck@ncsu.edu or by mail to **1450 Fairchild Rd., Winston-Salem, NC 27105**

GENERAL INFORMATION *(please print)*

Application Due Date: Monday, June 17, 2019

Name _____ (First) (Middle Initial) (Last) Prefer to be called _____
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: Primary(____) _____	Secondary(____) _____
Email _____	
Emergency Contact: Name _____	Relationship _____
Phone: Primary(____) _____	Secondary (____) _____

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).

EMPLOYMENT AND VOLUNTEER EXPERIENCE

CURRENT EMPLOYMENT STATUS *(please select 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

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

Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship

EDUCATION AND GARDEN EXPERIENCE

Please select 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: _____ Total years of gardening experience: _____

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

- 1. _____
- 2. _____
- 3. _____

List any gardening groups in which you are currently active and any formal trainings you have received in horticulture/gardening.

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.

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 NC State University and N.C. A&T State University are collectively committed to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of age, color, disability, family and marital status, gender identity, genetic information, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status. NC State, N.C. A&T, U.S. Department of Agriculture, and local governments cooperating.

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

Applicant Signature _____ Date _____

- Scholarships may be available for the EMGV course based on need. Please check the box to indicate your interest in receiving a scholarship.**

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. N.C. Cooperative Extension policy prohibits unlawful discrimination based on age, color, disability, family and marital status, gender identity, genetic information, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status.

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