

Extension Master Gardener Volunteer APPLICATION

DEADLINE: February 4, 2022

Return your completed application to Nancy Keith, Iredell County Extension Director, 444 Bristol Drive, PO Box 311, Statesville, NC 28687, Office (704) 873-0507, Email nancy_keith@ncsu.edu

Date _____

Name _____ Prefer to be Called _____

Mailing Address _____

City _____ State _____

County _____ Email _____

Home Phone _____ Cellphone _____ Best time to call Day Evening Gender

Male Female

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

Current Employment Status Retired Work Full Time Work Part Time Not Employed for Pay

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.

List any formal training or work experience in horticulture/gardening that might assist you in the Extension Master Gardener Volunteer Program.

List any special skills that might be used in a volunteer capacity. Examples: computers, graphic design, teaching, etc.



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

[Empty text box for response]

Previous Volunteer Experience.

Organization	Number of Years
_____	_____
_____	_____
_____	_____

- 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 after class completion and complete 20 hours of volunteer service.
- I agree to complete 20 hours of volunteer service and 10 hours of continuing education in the years subsequent. I understand that there will be a training fee.

Applicant Signature _____ Date _____

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.



Master Gardener Volunteer BACKGROUND SCREENING CONSENT

DEADLINE:

Last Name		First Name	
Current Address			Date of Birth
City	State	Zip	County
Home Phone	Driver License State No.		Expiration Date Day Mo. Yr.

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

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
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 checked="" 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 a 4-H volunteer, but rather will be considered as it relates to specifics 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.*

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 on back.

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