NC STATE

Extension Master Gardener

Volunteer Application
Iredell County

Please return all seven (7) pages of the completed application to:

melinda_roberts@ncsu.edu OR
Melinda Roberts
NC Cooperative Extension – Iredell County Center
444 Bristol Drive
Statesville, NC 28677

Application Due Date:
December 31, 2025

GENERAL INFORMATION *(please print)*

Name_____
(First) (Middle Initial) (Last)

Prefer to be called_____ Preferred pronouns (optional) _____

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 (_____) _____

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).

_____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

CURRENT EMPLOYMENT STATUS *(please check one)*

☐ **retired** ☐ **work full time** ☐ **work part time** ☐ **not employed for pay**

Please list three references, not related to you, who you have known 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
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship

EDUCATION AND GARDEN EXPERIENCE

Please circle your highest education level.

High School Some College Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Years of local gardening experience_____

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

_____
_____
_____

List any gardening groups in which you are currently active.

_____
_____
_____

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.

_____
_____
_____

List any formal training in horticulture/gardening.

_____
_____
_____

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

_____

_____

_____

_____

_____

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_____

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_____

ACKNOWLEDGEMENTS AND SIGNATURE

I wish to become a participant in the NC State Extension Master Gardener[SM] program, and would like to be accepted into the next training class. Please check the box by each of the following statements to indicate you agree to these requirements of participation in the NC State Extension Master Gardener[SM] program:

- ☐ I understand the applications will be screened to select the best candidates to assist with consumer horticulture education.
- ☐ I understand there is a fee to cover the initial training, administrative and program expenses.
- ☐ I understand that North Carolina State University and North Carolina A&T State University commit themselves 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.
- ☐ I understand some volunteer roles require a criminal and/or traffic violation background screening. I give my consent to a criminal and/or traffic violation background check.

If accepted into the NC State Extension Master Gardener[SM] program:

- ☐ **I agree to volunteer a minimum of (40) hours of service to the NC State Extension Master Gardener program within one year following class completion.**
- ☐ I agree to abide by all policies and procedures of North Carolina Cooperative Extension and the NC State Extension Master Gardener program.
- ☐ I have read and agree to abide by the NC State Extension Master Gardener Student/Intern Code of Conduct.
- ☐ I have read and accept the copyright and media release policies found in the NC State EMG Program Guidelines, Chapter 5, section H.
- ☐ I understand that to continue as an Extension Master Gardener volunteer there are annual recertification requirements including both volunteer service and continuing education.

I hereby certify that all of the entries on this application are true and complete and 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. N.C. Cooperative Extension policy prohibits discrimination based on age, color, disability, family and marital status, gender identity, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status.

1. Gender *(optional)*
   - ❑ Female
   - ❑ Male
   - ❑ I identify using a different term

3. Race *(optional)*
   - ❑ White
   - ❑ Black/African American
   - ❑ American Indian/Alaskan
   - ❑ Asian
   - ❑ Native Hawaiian/Pacific Islander

2. Ethnicity *(optional)*:
   - ❑ Hispanic
   - ❑ Not Hispanic

3. I Live *(optional)*:
   - ❑ 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

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NC STATE

Extension Master Gardener

Student/Intern Code of Conduct

We appreciate your interest in the NC State Extension Master Gardener[SM] (EMG) program. Your satisfaction and progress in this volunteer role is important to us. Master Gardener volunteer (MGV) student/interns must sign this form and file it with the local Extension center, OR complete it online via the EMG Intranet, to be eligible to participate in EMG training, the EMG program, and to be covered by NC State University's liability protection plan.

By signing this form, you are agreeing to abide by all items in this agreement, as well as all program policies and procedures covered in the NC State EMG Program Guidelines, available at go.ncsu.edu/ncstate-emg-program-guidelines. In addition, you are agreeing to abide by all items in the COVID-19 Guidelines for EMG Volunteer Activities, available at go.ncsu.edu/emg-covid-guidelines. Volunteers not adhering to all items in this agreement as well as all items within the Guidelines may forfeit their ability to participate in the EMG program.

As a student and intern in the NC State Extension Master Gardener[SM] Program, I agree to do the following:

1. Participate fully in the **40** hour initial training course provided for NC State Extension Master Gardener volunteers.
2. Complete the **40** hour volunteer service internship within the required time, as specified by the local Extension agent.
3. Report all volunteer and education hours on the EMG Intranet on a regular basis, no less than monthly to support accurate reporting of volunteer efforts to state and county partners.
4. Meet any additional county requirements defined by the county agent or local EMG volunteer coordinator.
5. Abide by the NC State EMG Program Guidelines and the following Code of Conduct:
    - I will perform my duties with dignity and pride as a representative of NC State University, follow University and county policies, and work under the leadership of an NC State or NC A&T University employee.
    - I will respect and interact in a professional manner with paid staff, volunteers, and clientele. I will be a positive role model, refraining from profanity, harassment, disruptive behavior, or abuse of any kind.
    - I will perform assigned duties without financial compensation or workers' compensation coverage. I will not seek or accept personal payment for speaking engagements or other activities performed as a Master Gardener[SM] volunteer.
    - I will provide unbiased, research-based information consistent with NC State University recommendations.

- I will make no recommendations or endorsements of a particular product or place of business. Nor will I use my title as a Master Gardener[SM] volunteer for commercial or private business.
- I will provide cultural, mechanical, biological, and chemical recommendations to clientele so that they can make an informed decision about integrated pest management.
- I will restrict my chemical pesticide recommendations to only those in the North Carolina Agricultural Chemicals Manual, recent Extension publications, or pesticide labeling. I will encourage clients to read the pesticide labeling themselves rather than providing them with dilution or application recommendations.
- I will restrict my answers to questions within my area of expertise or training. I will not answer questions concerning household pests, commercial horticulture, herbicide damage, hazardous tree evaluation, medical or legal questions, or determining if a questionable plant or mushroom is edible.
- I will submit educational materials that I prepare (articles, press releases, newsletters, leaflets) for review and approval by the Extension agent or the appropriate subject matter Extension specialist or state EMG program coordinator prior to printing.
- I will refer requests for information by newspaper reporters to the Extension agent.
- I will refer possible poisoning cases to the Carolina's Poison Center (800-848-6946).
- I will wear my EMG nametag when doing volunteer work for Extension.
- I will dress in an appropriate and professional manner suitable for the activity or location I am participating in. “Office casual” is appropriate for speaking engagements, indoor plant clinics, and schools. Gardening work clothes are appropriate for working in demonstration gardens and some outdoor events.
- I will maintain a neat and clean appearance that is appropriate for the workplace setting and for the work being performed.
- I will not make copies of copyrighted material for distribution without written permission from the copyright owner.
- I will not sign contracts on behalf of Extension or the EMG program.
- I will not display discriminatory behavior (based on race, color, religion, sex, age, national origin, handicap, and sexual orientation), engage in sexual harassment, alcohol or drug use, or carry a dangerous weapon while serving as a Master Gardener[SM] volunteer.
- I accept the copyright and media release policies found in the NC State EMG Program Guidelines, Chapter 5, section H.

I have read and agree to abide by the EMG Program Guidelines and Code of Conduct regarding my service as a Master Gardener[SM] volunteer.

Date: _____

MGV Student/Intern Signature: _____

Printed Name: _____