



**Extension  
Master  
Gardener**

**NC COOPERATIVE EXTENSION**

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

Please return all six (6) pages of the completed application to:

**NC Cooperative Extension – Chatham County Center**  
1192 US 64W Business, Suite 400  
Pittsboro, NC 27312

**GENERAL INFORMATION** *(please print)*

**Application Due Date: April 27, 2017**

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 (\_\_\_\_) \_\_\_\_\_  
                   Evening (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Best time to call:  Morning    Afternoon    Evening

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 complete all occupation and volunteer positions for the last 5 years (add pages if necessary.)**

<b>Current Occupation/Volunteer Position</b>	Employer/Organization	
City, State	Employer/Organization Website	Employed From/To
<b>Previous Occupation/Volunteer Position</b>	Employer/Organization	
City, State	Employer/Organization Website	Employed From/To
<b>Previous Occupation/Volunteer Position</b>	Employer/Organization	
City, State	Employer/Organization Website	Employed From/To

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

<b>Name</b>	Address, City, State, Zip	
Telephone Number	Email Address	Relationship
<b>Name</b>	Address, City, State, Zip	
Telephone Number	Email Address	Relationship

## EDUCATION AND GARDEN EXPERIENCE

Please circle your highest education level.

Some  
High School

High School  
Diploma

Associate  
Degree

Bachelor  
Degree

Master  
Degree

Doctorate  
Degree

Field of study (for degree): \_\_\_\_\_

Are you currently, or have you ever been, an EMG in another county or state? If so, please list where and when.

\_\_\_\_\_

List any formal training in horticulture/gardening.

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

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 within the past three years.

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

List volunteer roles you are most interested in performing (see [Volunteer Opportunities](#) for examples).

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

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?**

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**Please read and check each of the following and sign below to complete your application:**

**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.

**I have reviewed the 2017 training schedule.** I understand participants must attend a **minimum** of 4 of the 6 Extension Gardener classes offered this spring to be considered for the program. Once accepted, I understand participants must attend a **minimum** of 5 of the 7 EMG Core Training classes offered this fall AND must be present for and pass the Nov. 1 review and exam to become an Extension Master Gardener.

If accepted, **I agree to volunteer a minimum of 50 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.

**I understand there is a \$100 fee** to cover the initial training, administrative and program expenses. The fee will be collected during EMG orientation (to be scheduled for May, 2017).

**I agree to abide by all policies and procedures of the North Carolina Cooperative Extension Service.** I have read and signed the **Extension Master Gardener Certification Agreement** and included it with this application.

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.** I understand that any falsification of information herein constitutes cause for dismissal.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application to the address on page 1 by **April 27, 2017.****

## 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.*

- |   |  |
|---|--|
| <p>1. Gender <i>(optional)</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Female</li><li><input type="checkbox"/> Male</li><li><input type="checkbox"/> I identify using a different term</li></ul> <p>3. Race <i>(optional)</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> White</li><li><input type="checkbox"/> Black/African American</li><li><input type="checkbox"/> American Indian/Alaskan</li><li><input type="checkbox"/> Asian</li><li><input type="checkbox"/> Native Hawaiian/Pacific Islander</li></ul> | <p>2. Ethnicity <i>(optional)</i>:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hispanic</li><li><input type="checkbox"/> Not Hispanic</li></ul> <p>4. I Live:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> On a farm</li><li><input type="checkbox"/> Rural area or town under 10,000 population</li><li><input type="checkbox"/> Town or city of 10,000 to 50,000 population</li><li><input type="checkbox"/> Suburb or city over 50,000 population</li><li><input type="checkbox"/> City over 50,000 population</li></ul> |
|---|--|

*Rest of page intentionally left blank.*

# North Carolina Extension Master Gardener Volunteer Application

## BACKGROUND SCREENING CONSENT

Last Name	First Name		Social Security Number*
Current Address			Since when? / /
City	State	Zip	County
Home Phone	Drivers licenses number and state DL#                          State	Date of Expiration / /	

\*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.

**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?  <input 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 an Extension Master Gardener 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 \_\_\_\_\_

***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 \_\_\_\_\_  
\_\_\_\_\_