APPLICATION FOR THE



MASTER GARDENER

Volunteer Program

Name		Prefer to be called			
Address					
City		State	Zip Code		
Phone (Home) _	(Work)	Best time to call		
Current employm	ent status:				
	Retired work full time work part time not employed for pay				
Please circle your	highest education level.				
High So	chool Coll	ege: 1 2 3 4 5 6 7	7 8		
Years of gardenin	g experience in the area.				
List your top three	e areas of gardening inter	est. Example: vege	tables, roses, houseplants, etc.		
List any gardenin	g groups in which you are	e currently active.			
List gardening ma	agazines you currently rec	ceive.			
List any formal tr	aining in horticulture/gard	dening.			
List programs/ser	vices you have received o	or participated in fro	om the Cooperative Extension Service.		

List volunteer roles you are r	nost interested in performing.	
List any special skills that miteaching, etc.	ght be used in a volunteer capacity. Ex	camples: computers, graphic design,
Indicate the best day and tim	e for you to do volunteer work. Examp	le: Friday mornings.
List previous work experienc	e that might assist you in the Master Ga	ardener volunteer program.
Why do you wish to become	a Master Gardener Volunteer?	
Previous volunteer experience		
Organization	Position	Number of years
List two personal, non relative	references that we may contact.	
Name	Address	Phone

I wish to become a participant in the 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.

Return to:

Beth Rogers NCCE PO Box 389 Newton, NC 28658



Deadline to register January 15, 2016

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