State University ART State University COOPERATIVE EXTENSION Empowering People - Providing Solutions	EXTENSION MASTER G 2017 Program		EER
Name	Nickname		
Email	Spouse (or significant other)		
Address	City	State	Zip Code
Phone (cell)	(home)	(wor	k)
Current employment status:	retired/not working	work full-time	work part-time
Have you ever applied to an I	Extension Master Gardener Volu	nteer (EMGV) program	before?
If so, where?	Whe	n:	
List your top three areas of g	ardening interest. Examples: ve	getables, roses, houser	plants
this?	t her activities are held on Wedn _ (<i>If not, your participation will, u</i> GV program? currently a Guilford County EMG	nfortunately, not be po	ossible.)
Why do you wish to become	an Extension Master Gardener V	olunteer?	
Previous Volunteer Experience	<u>ce</u> :		
Organization	Position	Number of	Years

Please list any special skills you would be willing to share in a volunteer capacity.

(e.g. computer technology, webmaster, marketing, teaching/curriculum development, photography) Do you have experience/expertise in specific programs, like Publisher, Illustrator, Photoshop, PowerPoint, Excel? Do you have public speaking experience? Teaching experience? Are you comfortable with a video camera? YouTube? Still photography? Do you enjoy writing? Are you adept at page layout/graphic design? These are the kinds of skills we can use in addition to your green-ish thumb (a green thumb is NOT a membership requirement!).

If you have experience in writing, photography, or design, please bring a few samples of your work with you when you come in for your interview in the Fall.

List two non-related ref	erences (eg. work, volunteer org., school,	church, etc.) that we may contact:
<u>Name</u>	<u>Affiliation</u>	Phone Number OR Email
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NC COOPERATIVE EXTENSION

I wish to become an Extension Master Gardener Volunteer and would like to be accepted into the training program. I understand that if accepted into the program, I will attend the required 48 hours of training sessions and volunteer at least 50 hours, many of which are in specific program areas, within the first year in the EMGV program. If I miss any classes, I understand that I will be required to demonstrate my mastery of the material through testing. I understand that there is a training fee (currently \$100, but subject to change) and a specific number of both Volunteer and Continuing Education hours required annually thereafter (currently 30 Volunteer hours, 9 in specific program areas, and 10 Continuing Education hours). I also understand that I may refer to myself as an Extension Master Gardener Volunteer only after completing the training year, and only as long as I remain a certified participant in the program.

Signature		Date
Application Deadline:		Send application to:
<u>SEPTEMBER 30, 2015</u>		EMGV Coordinator
		3309 Burlington Road
		Greensboro, North Carolina 27405
	Questions?	(336) 641-2414
into account in any way as part of the	application prod e . We order EM	GV logo shirts from time to time, and it would be
helpful to have your size on me now.	(women's)	(men's)
with state law, most mailing lists maintained b	y CES are subject to numbers. Please c	nt the privacy of your personal information. However, consistent o public release upon request. These mailing lists may include onsider this when participating in our programs, or when you nming.
Extension Master Gardener	9/1F	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, or disability. In addition, the two Univer- sities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

06/08/15