



North Carolina Extension Master Gardener Volunteer Application Caldwell County

Please return all five (5) pages of the completed Application and payment to: Caldwell CES

120 Hospital Ave, NE Suite 1
Lenoir NC 28645

GENERAL INFORMATION *(please print)*

Application Due Date: **January 19, 2018**

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 (_____) _____ FAX (_____) _____

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 complete all occupation and volunteer positions for the last 10 years (add pages if necessary.)

Current Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To

Please list three references, not related to you, who you have known you 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 type in your highest education level.

6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8

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?

VOLUNTEER AGREEMENT TO ASSIGN COPYRIGHT TO NC STATE UNIVERSITY

In consideration for North Carolina State University ("NC State") allowing me to participate as a volunteer, I hereby assign the entire right title and interest in and to the copyright in any and all works of authorship created in the course and scope of my volunteer service to NC State. I assign to NC State all right, title, and interest in

- a. the copyright to my work of authorship ("Work") and contribution to any such Work ("Contribution");
- b. any registrations and copyright applications, along with any renewals and extensions thereof, relating to the Contribution or the Work;
- c. all works based upon, derived from, or incorporating the Contribution or the Work;
- d. all income, royalties, damages, claims, and payments now or hereafter due or payable with respect to the Contribution or the Work;
- e. all causes of action, either in law or in equity, for past, present, or future infringement of copyright related to the Contribution or the Work, and all rights corresponding to any of the foregoing, throughout the world.

I have read the foregoing required Copyright Assignment, I fully understand the contents and I agree to be bound by it.

Participant Name: _____
(Please Print)

Signed: _____ Date: _____

AUTHORIZATION FOR RELEASE OF MEDIA FOR EDUCATIONAL AND PUBLICITY PURPOSES

In consideration for being allowed to participate in this activity, I give permission to NC State and NC Cooperative Extension (collectively "NC State") to take and publish photographs, video, audio or other impressions of my image or voice. I understand that I will not be compensated for any audio, video, photograph or other likeness that may be used in this capacity.

I give permission for my photographs or other likeness to be used without compensation by NC State for noncommercial news, advertising and/or promotional purposes in print and electronic media (including the Internet). I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I expressly release NC State, its trustees, officers, employees, and agents and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such photographs, video, or audio.

I have read the foregoing Photo and Media Release, I fully understand the contents and I agree to be bound by it.

Participant Name: _____
(Please Print)

Signed: _____ Date: _____

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. If accepted, **I agree to volunteer a minimum of 40 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. There is a fee to cover the initial training, administrative and program expenses.

I agree to abide by all policies and procedures of North Carolina Cooperative Extension Service.

I understand that North Carolina State University and North Carolina A&T State University commit themselves to positive

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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. 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. NC Cooperative Extension policy prohibits unlawful discrimination based on race, sex, color, creed, religion, national origin, age, disability, or political affiliation.

- | | |
|--|---|
| 1. Gender (optional)
<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> I identify using a different term | 2. Ethnicity (optional):
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Not Hispanic |
| 3. Race (optional)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian/Alaskan
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander | 4. I Live:
<input type="checkbox"/> On a farm
<input type="checkbox"/> Rural area or town under 10,000 population
<input type="checkbox"/> Town or city of 10,000 to 50,000 population
<input type="checkbox"/> Suburb or city over 50,000 population
<input type="checkbox"/> City over 50,000 population |