



517 Budleigh Street, P O Box 968  
Manteo, NC 27954  
(252) 473-4290

Master Gardener | Dare County

## NC State Extension Master Gardener Volunteer Program (Application)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Best time to call \_\_\_\_\_

Email \_\_\_\_\_

Current employment status:

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

Please circle your highest education level:

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

Years of gardening experience in this area: \_\_\_\_\_

Why do you want to become an Extension Master Gardener Volunteer?

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

List any gardening groups in which you are currently active:

List any formal training in horticulture/gardening:

List programs/services you have received or participated in from NC State Extension:

List volunteer roles you are most interested in performing:

List any special skills that might be useful in a volunteer capacity. Examples: computers, graphic design, teaching, etc.

Indicate the best day and time for you to do volunteer work. Example: Friday mornings.

List any previous work experience that might assist you in the NC State Extension Master Gardener Volunteer program:

Previous volunteer Experience:

| Organization | Position | Number of Years |
|--------------|----------|-----------------|
|--------------|----------|-----------------|

How did you find out about the Extension Master Gardener Volunteer Program?

We use the internet extensively for research and for program communications. Your answer to the following two questions will not affect acceptance into the program.

How often do you:

Use the internet? \_\_\_\_\_times/week

Check email? \_\_\_\_\_times/week

Please provide two personal references we can contact (no relatives, please):

Name\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

Name\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

I wish to become a participant in the Extension Master Gardener Volunteer Program. I understand the applications will be screened to select the best candidates to assist with consumer horticulture educations. If accepted, I agree to volunteer a minimum of 40 hours of service to the Dare County Extension Master Gardener Volunteer program within one year following class completion, including at least 20 hours on the info line at the Dare Extension Center. I understand that there will be a non-refundable training fee due on the first day of class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Shannon Brooks, County Extension Director  
Dare County Extension Center  
517 Budleigh Street Box 968  
Manteo, NC 27954

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