

## Extension Master Gardener Volunteer Application Alexander County

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

NC Cooperative Extension – Alexander Center  
151 West Main Ave, Suite 2  
Taylorsville NC 28681

### GENERAL INFORMATION *(please print)*

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

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 circle your highest education level.

High School    Some College    Associate's Degree    Bachelor's Degree    Master's Degree    Doctorate Degree

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.

---

---

---

[illegible]

I agree to abide by all policies and procedures of North Carolina Cooperative Extension and the NC State Extension Master Gardener program.

I hereby certify that all of the entries on this application are true and complete and understand that any falsification of information herein constitutes cause for dismissal.

*Last Updated July 9, 2019*

## NC STATE EXTENSION MASTER GARDENER PROGRAM COPYRIGHT POLICY

As a condition for individuals serving and participating as a Master Gardener volunteer in the NC State Extension Master Gardener program, North Carolina State University (NC State) shall own and hold the copyright to any materials, articles, manuscripts, photographs, websites, computer programs, presentations, recordings, or other forms of fixed expression (collectively "materials") created or developed by volunteers while performing within the scope of their roles, duties, or services as a MGv.

NC State will provide proper attribution to the creating volunteer when using the materials. NC State shall grant the creating volunteer a non-exclusive, royalty-free license to the materials for non-commercial uses only.

NC State will not own the copyright to work created or developed by volunteers outside their roles, duties, or services as a MGv.

**I have read the Copyright Policy, I fully understand the contents and I accept it as a condition of participation in the NC State EMG program.**

Participant Name: \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## NC STATE EXTENSION MASTER GARDENER PROGRAM MEDIA RELEASE POLICY

As a condition for allowing individuals to serve and participate as a volunteer in the Extension Master Gardener program, volunteers grant North Carolina State University and North Carolina Cooperative Extension permission to take and publish photographs, video, audio or other impressions of their image or voice (collectively "photographs"). The volunteer understands that they will not be compensated for any photographs or other likeness that may be used in this capacity.

The volunteer gives permission for their photographs or other likeness to be used by North Carolina State University and North Carolina Cooperative Extension without compensation for noncommercial news, publications, editorial, promotions and/or any other purpose in print and electronic media (including the World Wide Web) and to copyright the same. The volunteer hereby waives any right to inspect or approve the finished photographs or printed or electronic matter.

Any MGv who does not wish to be photographed as part of an Extension activity may make that known to the photographer and discreetly move away from the site of the photography. All MGvs need to be aware that guests or individuals not familiar with this policy may take pictures at events.

Volunteers in need of special accommodation should consult their county agent. Best efforts will be made to prevent the release of images of volunteers requesting accommodation, however, given the nature of our work and the numbers of people involved in the program, it is impossible to guarantee that this will not occur.

**I have read the Media Release Policy, I fully understand the contents and I accept it as a condition of participation in the NC State EMG program.**

Participant Name: \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_ 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. N.C. Cooperative Extension policy prohibits unlawful discrimination based on age, color, disability, family and marital status, gender identity, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status.*

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

*Rest of page intentionally left blank.*