North Carolina Extension Master Gardener Volunteer Application Edgecombe County

Please return all seven (7) pages of the completed Application to:

Colby Griffin, Extension Agent
201 St. Andrew St (PO Box 129)
Tarboro, NC 27886

Application Due Date: December 7, 2017

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 (_____) _____ 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*

_____

_____

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.

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: _____

ADDITIONAL INFORMATION

There is a $75 class registration fee that includes training materials and a fee to NC State University. This year training will be held Thursday, January 26th, 2017 – Thursday, April 27th, 2017 from 1:30pm – 4:30pm. The application deadline is December 7th.

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 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_____

Rest of page intentionally left blank.

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)*
   - ❑ Female
   - ❑ Male
   - ❑ I identify using a different term

3. Race *(optional)*
   - ❑ White
   - ❑ Black/African American
   - ❑ American Indian/Alaskan
   - ❑ Asian
   - ❑ Native Hawaiian/Pacific Islander

2. Ethnicity *(optional)*:
   - ❑ Hispanic
   - ❑ Not Hispanic

4. I Live:
   - ❑ On a farm
   - ❑ Rural area or town under 10,000 population
   - ❑ Town or city of 10,000 to 50,000 population
   - ❑ Suburb or city over 50,000 population
   - ❑ City over 50,000 population

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North Carolina Extension Master Gardener Volunteer Application

BACKGROUND SCREENING CONSENT

Last Name	First Name		*Social Security Number
Current Address		Since when?	Date of Birth / /
City	State	Zip	County
Home Phone	Drivers licenses number and state DL# State		Date of Expiration / /

List below previous residence(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address.)

Previous address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? ☐Yes ☐No	If yes, please give date, nature, and disposition of offense. (A criminal record will not necessarily prevent an applicant from becoming an Extension Master Gardener Volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)

I hereby authorize the Extension agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

For Office Use Only

The criminal background check was: ☐Satisfactory ☐Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain

_____