



EXTENSION

# Master Gardener | Cabarrus County Volunteer Association

Return to:  
Cabarrus County Cooperative Extension Attn:  
Lauren Hill  
715 Cabarrus Ave. W  
Concord, NC 28027

Prefer to be called \_\_\_\_\_

## Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ How Long at this address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best time to call \_\_\_\_\_

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 the area. \_\_\_\_\_

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

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List any gardening groups in which you are currently active.

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List gardening magazines you currently receive.

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List any formal training in horticulture/gardening.

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List programs/services you have received or participated in from the Cooperative Extension Service.

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List volunteer roles you are most interested in performing.

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

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

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List previous work experience that might assist you in the Extension Master Gardener Volunteer program.

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

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Previous volunteer experience.

Organization	Position	Number of years
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List two personal, non relative references that we may contact.

Name	Address	Phone	Relationship
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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 education. If accepted, I agree to volunteer a minimum of 40 hours of service to the Cooperative Extension Service Master Gardener Volunteer program within one year following class completion. I understand that there will be a training fee.

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 \_\_\_\_\_

Return to your local NC Cooperative Extension Office. <http://www.ces.ncsu.edu/index.php?page=countycenters>

*The North Carolina Cooperative Extension Service is an equal opportunity employer.*

*Employment and programs opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability.*

## North Carolina Extension Master Gardener Volunteer Application

This 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.

### DEMOGRAPHIC DATA

Last Name	First Name	M.I.
Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____/_____/_____ <small>Month      Day      Year</small>
Ethnic Group  <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		

## North Carolina Extension Master Gardener Volunteer Application

### BACKGROUND SCREENING CONSENT

Last Name	First Name	M.I.	*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?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date, nature, disposition of offense. (A criminal record will not necessarily prevent an applicant from becoming a 4-H volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)
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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 \_\_\_\_\_