



# North Carolina Extension Master Gardener Volunteer Application Forsyth County

Please return all three (3) pages of the completed application by email to lkpeck@ncsu.edu or by mail to 1450 Fairchild Rd., Winston-Salem, NC 27105.

Application Due Date: July 15, 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)

## CONTACT INFORMATION

Phone: Primary (\_\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: Primary (\_\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_\_) \_\_\_\_\_

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 your most recent occupation and volunteer positions.**

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

**Please list two references, not related to you, who you have known you for at least two years.**

Name	Address, City, State, Zip	
Telephone Number	Email Address	Relationship
Day		
Evening		
Name	Address, City, State, Zip	
Telephone Number	Email Address	Relationship
Day		
Evening		

## 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: \_\_\_\_\_ Total years of gardening experience: \_\_\_\_\_

List your top 3 areas of gardening interest. Example: vegetables, roses, houseplants, etc.

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List any gardening groups in which you are currently active and any trainings you have received in horticulture/gardening.

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List Cooperative Extension programs you have participated in or services you have received.

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List any special skills that you could contribute in a volunteer capacity. Examples: computers, graphic design, teaching, grant writing, etc.

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

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I wish to become an Extension Master Gardener Volunteer and would like to be accepted into the training program. I understand that if accepted into the program, I will attend the required training sessions (40 hours) and agree to volunteer at least 40 hours within the first year to the Extension Master Gardener Volunteer Program. I understand that there is a non-refundable fee of \$125 and that 20 volunteer hours and 10 educational hours are required annually to remain a certified Extension Master Gardener Volunteer.

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

Scholarships may be available for the EMGV course based on need. Please check the box to indicate your interest in receiving a scholarship.