



APPLICATION FOR THE Extension Master Gardenersm VOLUNTEER PROGRAM 2010

Name _____

Prefer to be called _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ Best time to call _____

Email address _____

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.

List any gardening groups in which you are currently active. _____

List gardening magazines you currently receive. _____

List any formal training in horticulture/gardening. _____

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

List volunteer roles you are most interested in performing. _____

List any special skills that might be used 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 previous work experience that might assist you in the Master Gardener volunteer program.

Why do you wish to become a Master Gardener Volunteer?

Previous volunteer experience.

Organization

Position

Number of years

List two personal, non relative references that we may contact.

Name

Address

Phone

I wish to become a participant in the 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.

Return to:

Signature _____

Linda G. Blue
Extension Agent
Agriculture – Urban Horticulture
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