

Extension Master Gardener  
Volunteer Application  
Moore County

Please return all eight (8) pages of the completed application to:

707 Pinehurst Ave. Carthage, NC 28387

or email to [savanah\\_laur@ncsu.edu](mailto:savanah_laur@ncsu.edu)

**Application Due Date:  
Friday, August 27, 2021**

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

## **EDUCATION AND GARDEN EXPERIENCE**

**Please select your highest education level.**

**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?**

I wish to become a participant in the NC State Extension Master Gardener<sup>SM</sup> program, and would like to be accepted into the next training 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 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. I understand 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 and the NC State Extension Master Gardener program.

I understand that North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of age, color, disability, family and marital status, gender identity, genetic information, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation, and veteran status.

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.

Applicant Signature \_\_\_\_\_ 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 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.*

- |   |  |
|---|--|
| <p>1. Gender <i>(optional)</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Female</li><li><input type="checkbox"/> Male</li><li><input type="checkbox"/> I identify using a different term</li></ul> <p>3. Race <i>(optional)</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> White</li><li><input type="checkbox"/> Black/African American</li><li><input type="checkbox"/> American Indian/Alaskan</li><li><input type="checkbox"/> Asian</li><li><input type="checkbox"/> Native Hawaiian/Pacific Islander</li></ul> | <p>2. Ethnicity <i>(optional)</i>:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hispanic</li><li><input type="checkbox"/> Not Hispanic</li></ul> <p>3. I Live <i>(optional)</i>:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> On a farm</li><li><input type="checkbox"/> Rural area or town under 10,000 population</li><li><input type="checkbox"/> Town or city of 10,000 to 50,000 population</li><li><input type="checkbox"/> Suburb or city over 50,000 population</li><li><input type="checkbox"/> City over 50,000 population</li></ul> |
|---|--|

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# North Carolina Extension Master Gardener Volunteer Application

## BACKGROUND SCREENING CONSENT

Last Name	First Name	M.I.	
Current Address		Since when?	Date of Birth / /
City	State	Zip	County
Home Phone	Drivers licenses number and state DL#                                  State	Date of Expiration / /	

Social security numbers are not collected on this form, however, for those positions that require criminal background checks, this information will be necessary for program participation.

**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, 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.)
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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 \_\_\_\_\_

<b>For Office Use Only</b>	
The criminal background check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of background check: _____	Name of person conducting the check: _____
If unsatisfactory, please explain _____	
_____	

## Extension Master Gardener

# **NC State Extension Master Gardener<sup>SM</sup> Program Student/Intern Code of Conduct Form**

We appreciate your interest in the NC State Extension Master Gardener<sup>SM</sup> (EMG) program. Your satisfaction and progress in this volunteer role is important to us. Master Gardener volunteer (MGV) student/interns must sign this form and file it with the local Extension center, OR complete it online via the EMG Intranet, to be eligible to participate in EMG training, the EMG program, and to be covered by [NC State University's liability protection plan](#).

By signing this form, you are agreeing to abide by all items in this agreement, as well as all program policies and procedures covered in the NC State EMG Program Guidelines, available at [go.ncsu.edu/2020-emg-guidelines](http://go.ncsu.edu/2020-emg-guidelines). In addition, you are agreeing to abide by all items in the COVID-19 Guidelines for EMG Volunteer Activities, available at <https://go.ncsu.edu/emg-covid-guidelines>. Volunteers not adhering to all items in this agreement as well as all items within the Guidelines may forfeit their ability to participate in the EMG program.

### **As a student and intern in the NC State Extension Master Gardener<sup>SM</sup> Program, I agree to do the following:**

1. Participate fully in the 40 hour initial training course provided for NC State Extension Master Gardener volunteers.
2. Complete the 40 hour volunteer service internship within the required time, as specified by the local Extension agent.
3. Report all volunteer and education hours on the EMG Intranet on a regular basis, no less than monthly to support accurate reporting of volunteer efforts to state and county partners.
4. Meet any additional county requirements defined by the county agent or local EMG volunteer coordinator.
5. Abide by the NC State EMG Program Guidelines and the following Code of Conduct:
  - I will perform my duties with dignity and pride as a representative of NC State University, follow University and county policies, and work under the leadership of an NC State or NC A&T University employee.
  - I will respect and interact in a professional manner with paid staff, volunteers, and clientele. I will be a positive role model, refraining from profanity, harassment, disruptive behavior, or abuse of any kind.
  - I will perform assigned duties without financial compensation or workers' compensation coverage. I will not seek or accept personal payment for speaking engagements or other activities performed as a Master Gardener<sup>SM</sup> volunteer.
  - I will provide unbiased, research-based information consistent with NC State University recommendations.

- I will make no recommendations or endorsements of a particular product or place of business. Nor will I use my title as a Master Gardener<sup>SM</sup> volunteer for commercial or private business.
- I will provide cultural, mechanical, biological, and chemical recommendations to clientele so that they can make an informed decision about integrated pest management.
- I will restrict my chemical pesticide recommendations to only those in the North Carolina Agricultural Chemicals Manual, recent Extension publications, or pesticide labeling. I will encourage clients to read the pesticide labeling themselves rather than providing them with dilution or application recommendations.
- I will restrict my answers to questions within my area of expertise or training. I will not answer questions concerning household pests, commercial horticulture, herbicide damage, hazardous tree evaluation, medical or legal questions, or determining if a questionable plant or mushroom is edible.
- I will submit educational materials that I prepare (articles, press releases, newsletters, leaflets) for review and approval by the Extension agent or the appropriate subject matter Extension specialist or state EMG program coordinator prior to printing.
- I will refer requests for information by newspaper reporters to the Extension agent.
- I will refer possible poisoning cases to the Carolina's Poison Center (800-848-6946).
- I will wear my EMG nametag when doing volunteer work for Extension.
- I will dress in an appropriate and professional manner suitable for the activity or location I am participating in. "Office casual" is appropriate for speaking engagements, indoor plant clinics, and schools. Gardening work clothes are appropriate for working in demonstration gardens and some outdoor events.
- I will maintain a neat and clean appearance that is appropriate for the workplace setting and for the work being performed.
- I will not make copies of copyrighted material for distribution without written permission from the copyright owner.
- I will not sign contracts on behalf of Extension or the EMG program.
- I will not display discriminatory behavior (based on race, color, religion, sex, age, national origin, handicap, and sexual orientation), engage in sexual harassment, alcohol or drug use, or carry a dangerous weapon while serving as a Master Gardener<sup>SM</sup> volunteer.
- I accept the copyright and media release policies found in the NC State EMG Program Guidelines, Chapter 5, section H.

**I have read and agree to abide by the EMG Program Guidelines and Code of Conduct regarding my service as a Master Gardener<sup>SM</sup> volunteer.**

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

MGV Student/Intern Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_