

EXTENSION MASTER GARDENERS

(To be completed by all potential Extension Master Gardener volunteers)

General Information

Name:			
(First)		(Middle)	(Last)
Mailing Address:			
(Street)		(City)	(State) (Zip)
Email:	@		
How long have you lived at this	address (years):		
Phone: Day	Evening	Best Time to call:	:
Employer:			
Master Gardener Information 1. What kind of gardening are years		bles, flowers, houseplants, la	landscaping, lawns, etc
2. Summarize your gardening ex	periences:		
 When are you available for vo Daytime What groups or organizations 	Eveni	ingsN ber of (gardening and non-ga	Weekends ardening)?
5. The following is a partial list think you would prefer to volunt Giving talks to groups Answering telephone inquir Staffing flower show booths Writing garden articles	eer. Working i	n demonstration garden ure Master Gardener class	
		li school gardens	Ouler.
6. Why should you be selected f	or this program?		
Youth Volunteer Interest (If	you have no interest	in working with youth, ski	kip to the next section)
Do you prefer to work directly w	ith: Youth	Adults Both	h
Have you ever been a youth volu	nteer? Yes	No	
Why are you interested in working	ng with the youth progra	am?	
If you prefer to work directly wit Ages 5-8Ag		l(s) do you prefer? ges 13-19	No preference

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Volunteer and Work Experience

Have you ever been a volunteer?Yes	No	If yes, how many years?				
What time commitment do you desire initially?						
1-2 months per year 3-6 months p	er year _	7-12 months per year	Ongoing			
Previous Volunteer Experience: (List current or Organization	most recent Volunteer I		th experience) Year			
Previous Work Experience: (List current or mos Employer	t recent expe Position Ti		Year			
Personal Information						
Explain any special needs or requirements						
Have you been convicted of a crime in the last seven years? Yes () No ()						

If yes, please give date, nature, and disposition of offense.

(**Please note:** A criminal record will not necessarily prevent an applicant from being a volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.)

References (Must be non-family references) (Please supply complete mailing addresses)

1. Name:	Relationship:			
Address:	(Street)	(City)	(State)	(Zip)
Phone: Day:		Evening:		
2. Name:		Relationship:		
Address:	(Street)	(City)	(State)	(Zip)
Phone: Day:		Evening:		

I authorize WVU Extension to contact listed references. I understand that the misrepresentation or omission of information requested is just cause for nonselection as a program volunteer. I waive my rights to review these references.



Extension Master Gardener Volunteer Agreement

I understand that the title "Extension Master Gardener" is to be used exclusively when representing the WVU Extension Service in unpaid public Service work in an Extension-sponsored program. In such services, only WVU Extension Service approved recommendations may be made. Appearing as a commercial activity, having association with commercial products or giving implied WVU endorsement of any product or place of business is improper.

I wish to become a WVU Extension Master Gardener and would like to be accepted into a training program. I understand that if accepted, I will agree to pay back a minimum of 30 hours of service in Extension programs in my county of residence during the year following my training.

Applicant Signature

Date

Please return this form at your earliest convenience. Please contact us if you have any questions or wish further information. Thank you!

Return to:

Office Use only	Date received:	Date Approved:
Reference 1		
Reference 2		

** The information asked for in this form will be used solely to determine how you best fit into West Virginia University Extension Service programs. It is understood that no discrimination is implied.

Programs and activities offered by West Virginia University Cooperative Extension Service are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status. Issues in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Director, Cooperative Extension Service, West Virginia University.