APPLICATION FOR THE



Name	Prefer to be called			
Address				
City	State	Zip Code	-	
Phone (Home)	(Work)	(Cell)		
E-mail:			_	
Current employment status:				
\Box retired \Box wo	ork full time □ work part t	time \Box not employed for pay		
Please circle your highest edu	cation level:			
6 7 8 9 10 11	12 College: 1 2 3 4	5 6 7 8		
Years of gardening experience in the area.				
	rdening interest. Example: veget	tables, roses, houseplants, etc.		
	•			
List any formal training in ho	rticulture/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. Example 1.	mples: computers, teaching, etc.
Indicate the best day and time for	r you to do volunteer work. Example	: Friday mornings.
List previous work experience th	at might assist you in the Master Gar	rdener Volunteer program.
Why do you wish to become a M	aster Gardener Volunteer?	
Previous volunteer experience. Organization	Position	Number of years
List two personal, non relative re	ferences that we may contact. 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 50 hours of service to the Cooperative Extension Service Master Gardener Volunteer within a year of completion of the class. I understand that there will be a training fee.

Return to:

Master Gardener Program Alamance County Cooperative Extension 209-C N. Graham-Hopedale Road 336.570.6740



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.