

Extension Master Gardener

**Volunteer Application
Transylvania County**

106 E. Morgan St., Suite 109
Brevard, NC 28712
828.884.3109

Please email all 5 pages of the completed application to:

Bart_Renner@ncsu.edu

By the application due date of: **December 15, 2023**

GENERAL INFORMATION *(please print)*

| |
|--|
| Name _____ (First) (Middle Initial) (Last) |
| Prefer to be called _____ Preferred pronouns (optional) _____ |
| Address _____ (Street, P.O. Box, Route, Apt #) (City) (State) (Zip) |

CONTACT INFORMATION

| | |
|---|-------------------|
| Phone: Daytime (____) _____ | Cell (____) _____ |
| Evening (____) _____ | Email _____ |
| Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | |

What is 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 list employee and/or volunteer roles you have held in the last five years (add pages if necessary.)

| | | |
|-------------------------|------------------------|---------|
| Employee/Volunteer Role | Organization | |
| Organization Address | Organization Telephone | |
| City, State, Zip | Email Address | From/To |
| Employee/Volunteer Role | Organization | |
| Organization Address | Organization Telephone | |
| City, State, Zip | Email Address | From/To |
| Employee/Volunteer Role | Organization | |
| Organization Address | Organization Telephone | |
| City, State, Zip | Email Address | From/To |

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

| | | |
|------------------|---------------------------|--------------|
| Name | Address, City, State, Zip | |
| Telephone Number | Email Address | Relationship |
| Name | Address, City, State, Zip | |
| Telephone Number | Email Address | Relationship |
| Name | Address, City, State, Zip | |
| Telephone Number | Email Address | Relationship |

EDUCATION AND GARDEN EXPERIENCE

Please check your highest education level.

High School Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

List your top three areas of gardening interest. Example: vegetables, pollinator gardening, houseplants

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: social media, graphic design, teaching, grant writing, etc.

List any horticulture or gardening training in which you have participated.

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

ACKNOWLEDGEMENTS AND SIGNATURE

I wish to become a participant in the NC State **Extension Master Gardener**SM program and would like to be accepted into the next training class. Please check the box by each of the following statements to indicate you agree to these requirements of participation in the NC State **Extension Master Gardener** program:

- I understand the applications will be screened to select the best candidates to assist with consumer horticulture education.
- I understand there is a \$200 fee to cover the initial training, administrative and program expenses.**
- I understand that North Carolina State University and North Carolina A&T State University promote equal opportunity and prohibit discrimination and harassment based upon one's race; color; religion (including belief and non-belief); sex, including but not limited to pregnancy, childbirth, or other related medical condition, parenting, and sexual harassment; sexual orientation; actual or perceived gender identity; age; national origin; disability; veteran status; or genetic information.
- I understand some volunteer roles require a criminal and/or traffic violation background screening. I give my consent to a criminal and/or traffic violation background check.

If accepted into the NC State **Extension Master Gardener** program:

- 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 agree to abide by all policies and procedures of North Carolina Cooperative Extension and the [NC State Extension Master Gardener program](#).
- I have read and agree to abide by the [NC State Extension Master Gardener Student/Intern Code of Conduct](#) (pages 6-7).
- I understand that to continue as an Extension Master Gardener volunteer there are annual recertification requirements including both volunteer service and continuing education.

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 _____

**If the fee is preventing you from apply to the program, please contact Bart Renner at 828.884.3109 to explore scholarship options.

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.

| | |
|---|---|
| 1. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to respond | 3. Race: <i>(select all that apply)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond |
| 2. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to respond | |

N.C. Cooperative Extension prohibits discrimination on the basis of race, color, national origin, age, sex (including pregnancy), disability, religion, sexual orientation, gender identity, genetic information, political affiliation, and veteran status.

Requests for Accommodations

In compliance with the Americans with Disabilities Act, N.C. Cooperative Extension will honor requests for reasonable accommodations made by individuals with disabilities.

Please direct accommodation requests to:

Bart Renner

Bart_Renner@NCSU.EDU or 828.884.3109

Requests can be served more effectively if notice is provided at least 10 days before the event.

End of Application

The Code of Conduct on the following pages is included for your reference.
You do not need to return the Code of Conduct with your application.

Extension Master Gardener

Student/Intern Code of Conduct

We appreciate your interest in the NC State Extension Master GardenerSM (EMG) program. Your satisfaction and progress in this volunteer role is important to us. Master GardenerSM volunteer students and 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/ncstate-emg-program-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 GardenerSM 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 GardenerSM 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 GardenerSM 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 GardenerSM volunteer.
- I accept the copyright and media release policies found in the NC State EMG Program Guidelines, [Chapter 5, section H](#).

By signing and checking all of the boxes in the Acknowledgements and Signature section on page 4 of this application, you are agreeing to abide by this Code of Conduct regarding your service as a Master GardenerSM volunteer, if accepted into the EMG program.

Please keep this copy of the Code of Conduct for your reference.