NC STATE

Extension Master Gardener
Volunteer Application for Burke County

Please return completed application to:

N.C. Cooperative Extension
Burke County Center
130 Ammons Drive, Suite 2
Morganton, NC 28655

Application Due Date:
(December 31, 2019)

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 have you lived in this area_____

CONTACT INFORMATION

Phone: Daytime (_____) _____ Cell (_____) _____

Evening (_____) _____ Email_____

Best time to call: □ Morning □ Afternoon □ Evening

Emergency Contact: Name_____ Relationship_____

Phone (_____) _____ (Day) (_____) _____ (Evening)

Cell (_____) _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

CURRENT EMPLOYMENT STATUS *(please check one)*

☐ retired ☐ work full time ☐ work part time ☐ volunteer

Current Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To

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

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

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

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

EDUCATION AND GARDEN EXPERIENCE

Please circle your highest education level.

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

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 North Carolina Extension Master Gardener Training Program, and would like to be accepted into the next 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 Volunteer 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. 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 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_____

NC STATE EXTENSION MASTER GARDENER PROGRAM COPYRIGHT POLICY

As a condition for individuals serving and participating as a Master Gardener volunteer in the NC State Extension Master Gardener program, North Carolina State University (NC State) shall own and hold the copyright to any materials, articles, manuscripts, photographs, websites, computer programs, presentations, recordings, or other forms of fixed expression (collectively "materials") created or developed by volunteers while performing within the scope of their roles, duties, or services as a MGV.

NC State will provide proper attribution to the creating volunteer when using the materials. NC State shall grant the creating volunteer a non-exclusive, royalty-free license to the materials for non-commercial uses only.

NC State will not own the copyright to work created or developed by volunteers outside their roles, duties, or services as a MGV.

I have read the Copyright Policy, I fully understand the contents and I accept it as a condition of participation in the NC State EMG program.

Participant Name: _____
(Please Print)

Signed: _____ Date: _____

NC STATE EXTENSION MASTER GARDENER PROGRAM MEDIA RELEASE POLICY

As a condition for allowing individuals to serve and participate as a volunteer in the Extension Master Gardener program, volunteers grant North Carolina State University and North Carolina Cooperative Extension permission to take and publish photographs, video, audio or other impressions of their image or voice (collectively "photographs"). The volunteer understands that they will not be compensated for any photographs or other likeness that may be used in this capacity.

The volunteer gives permission for their photographs or other likeness to be used by North Carolina State University and North Carolina Cooperative Extension without compensation for noncommercial news, publications, editorial, promotions and/or any other purpose in print and electronic media (including the World Wide Web) and to copyright the same. The volunteer hereby waives any right to inspect or approve the finished photographs or printed or electronic matter.

Any MGV who does not wish to be photographed as part of an Extension activity may make that known to the photographer and discreetly move away from the site of the photography. All MGVs need to be aware that guests or individuals not familiar with this policy may take pictures at events.

Volunteers in need of special accommodation should consult their county agent. Best efforts will be made to prevent the release of images of volunteers requesting accommodation, however, given the nature of our work and the numbers of people involved in the program, it is impossible to guarantee that this will not occur.

I have read the Media Release Policy, I fully understand the contents and I accept it as a condition of participation in the NC State EMG program.

Participant Name: _____
(Please Print)

Signed: _____ 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 unlawful 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.

1. Gender *(optional)*
   - ❑ Female
   - ❑ Male
   - ❑ I identify using a different term

3. Race *(optional)*
   - ❑ White
   - ❑ Black/African American
   - ❑ American Indian/Alaskan
   - ❑ Asian
   - ❑ Native Hawaiian/Pacific Islander

2. Ethnicity *(optional)*:
   - ❑ Hispanic
   - ❑ Not Hispanic

4. I Live:
   - ❑ On a farm
   - ❑ Rural area or town under 10,000 population
   - ❑ Town or city of 10,000 to 50,000 population
   - ❑ Suburb or city over 50,000 population
   - ❑ City over 50,000 population

Rest of page intentionally left blank.

North Carolina Extension Master Gardener Volunteer Application

BACKGROUND SCREENING CONSENT – MUST BE FILLED OUT COMPLETELY

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? ☐Yes ☐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.)

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_____

For Office Use Only

The criminal background check was: ☐Satisfactory ☐Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

_____

NC STATE

Extension Master Gardener

NC State Extension Master Gardener℠ Program Student/Intern Code of Conduct Form

We appreciate your interest in the NC State Extension Master Gardener℠ (EMG) program. Your satisfaction and progress in this volunteer position is important to us. Master Gardener℠ volunteer (MGV) student/interns must sign this form and file it with the local Extension center to be eligible to participate in EMG training and to be covered by NC State University 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 EMG Program Guidelines, available at go.ncsu.edu/emg-guidelines. Volunteers not adhering to all items in this agreement and within the Guidelines may forfeit their ability to participate in the EMG program.

If accepted as a student and intern in the NC State Extension Master Gardener℠ Program, I agree to do the following:

1. Participate fully in the training program provided for N.C. Master Gardener volunteers.
2. Complete the (40) hour volunteer service internship within (one year) of completing the training program.
3. Report all volunteer and education hours on NCSUgarden.com on a regular basis, no less than monthly.
4. Meet any additional county requirements as defined by the county agent or 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 supervision 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℠ 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[SM] 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 written materials that I prepare (news articles, news 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[SM] volunteer.

I have read and agree to abide by the EMG Program Guidelines and Code of Conduct regarding my service as a Master Gardener[SM] volunteer if I am accepted into the program.

Date: _____

Prospective MGV Student/Intern Signature: _____

Printed Name: _____