

# Extension Master Gardener Volunteer Application Surry County

Please return all nine (9) pages of the completed application to:

NC Cooperative Extension, Surry Center 915 East Atkins Street Dobson, North Carolina 27017

Application Due Date: December 15, 2022

#### **GENERAL INFORMATION** (please print)

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#### **EMPLOYMENT AND VOLUNTEER EXPERIENCE**

retired	$\square$ work full time	$\square$ work part time $\square$ not employ	yed for pay	
lease con	nplete all occupation a	and volunteer positions for the last 10	years (add pages if n	ecessary.)
Current Occ	cupation/Volunteer Position	Employer/Organization		
Employer/C	Organization Address	Employer/Organization Telepho	ne	
City, State	Zip	Email Address		Employed From/To
Previous O	ccupation/Volunteer Position	on Employer/Organization		
Employer/	Organization Address	Employer/Organization Telepho	ne	
City, State	Zip	Email Address		Employed From/To
Previous O	ccupation/Volunteer Position	on Employer/Organization		
Employer/	Organization Address	Employer/Organization Telepho	ne	
City, State	Zip	Email Address		Employed From/To
lease list	three references, not	related to you, who you have known y	ou for at least two ye	ears.
Name		Address, City, State, Zip		
Telephone	Number	Email Address	Rela	ationship
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#### **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 expe	rience				
List your top	List your top three areas of gardening interest. Example: vegetables, roses, houseplants, etc.					
List any gard	dening groups in	which you are curren	ntly active.			
List Coopera	ative Extension p	rograms you have pa	rticipated in or servic	es you have receive	d.	
List volunte	er roles you are r	most interested in pe	rforming.			
	cial skills that you ant writing, etc.	u could contribute in	a volunteer capacity.	Examples: compute	ers, graphic design,	
List any forn	nal training in ho	orticulture/gardening.				

Why do you wish to become an Extension Mas	
ccepted into the next class. I understand the apponsumer horticulture education. If accepted, I ag extension Master Gardener Volunteer program ontinue as an Extension Master Gardener Volunt	na Extension Master Gardener Training Program, and would like to be olications will be screened to select the best candidates to assist with ree to volunteer a minimum of (40) hours of service to the NC State in within one year following class completion. I understand that to teer there are annual recertification requirements including both volunteer to cover the initial training, administrative and program expenses.
agree to abide by all policies and procedures of I ardener program.	North Carolina Cooperative Extension and the NC State Extension Master
tion and prohibit discrimination and harassment	and North Carolina A&T State University commit themselves to positive regardless of age, color, disability, family and marital status, gender all beliefs, race, religion, sex (including pregnancy), sexual orientation and
nereby certify that all of the entries on this applic formation herein constitutes cause for dismissal.	ation are true and complete and understand that any falsification of
oplicant 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)	2. Ethnicity (optional):
☐ Female	☐ Hispanic
☐ Male	□ Not Hispanic
☐ I identify using a different	·
term	4. I Live:
	□ On a farm
3. Race (optional)	□ Rural area or town under 10,000 population
□ White	☐ Town or city of 10,000 to 50,000 population
■ Black/African American	☐ Suburb or city over 50,000 population
□ American Indian/Alaskan	☐ City over 50,000 population
□ Asian	
■ Native Hawaiian/Pacific	
Islander	

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## North Carolina Extension Master Gardener Volunteer Application

Last Name	First Name	First Name		M.I.		
		This creation is				
Current Address			Since when?	Date of Birth		
	1	<u>.                                    </u>		/ /_		
City	State	Zip	County			
Home Phone	Drivers licens	ses number and state	Date of Expiration	วท		
	DL#	State	,	,		
Social security numbers are not collector			at require criminal bac	ckground checks, this		
nformation will be necessary for progra			·			
List below previous residence(s	-\ /city ctate zin\	and any aliae maide	- or other names	for the nact cayon		
rears. (Please begin with the mos		and any anas, maide	n, or other names	Tor the past seven		
Previous address	)( 1000110 a.a.a. 2.a.,		How long at this	s address?		
			_			
City	State	Zip	Alias, Maiden,	or Other Names		
Prior Address			How long at th	nic addracc?		
Prior Address			How long at all	ils duuress:		
City	State	Zip	Alias, Maiden,	or Other Names		
Prior Address			How long at th	nis address?		
City	State	Zip	Alias, Maiden,	or Other Names		
		give date nature and disc	position of offense. (A	criminal record will not		
Have you ever been convicted of a		•	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			
misdemeanor or felony other	necessarily pre	event an applicant from becom	=	r Gardener Volunteer,		
misdemeanor or felony other than a minor traffic violation?	necessarily pre	event an applicant from becom	=	r Gardener Volunteer,		
misdemeanor or felony other	necessarily pre but rather will	event an applicant from becom	=	r Gardener Volunteer,		
misdemeanor or felony other than a minor traffic violation?	necessarily pre but rather will are applying.)	event an applicant from becom beconsidered as it relates to s	specifics of the volunteer	r Gardener Volunteer, position for which you		
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### **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 position is important to us. Master Gardener<sup>SM</sup> 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 <a href="mailto:go.ncsu.edu/emg-guidelines">go.ncsu.edu/emg-guidelines</a>. 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<sup>SM</sup> 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<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 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<sup>SM</sup> volunteer.

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 if I am accepted into the program.

Date:	
Prospective MGV Student/Intern Signature: _	
Printed Name:	