

**The West Virginia University Extension Service  
Volunteer Application**

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

**General Information**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

How long have you lived at this address (years): \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Master Gardener Information**

1. What kind of gardening are you interested in: vegetables, flowers, houseplants, landscaping, lawns, etc....

2. Summarized your gardening experiences:

3. When are you available for volunteer activities:

\_\_\_\_\_ Daytime \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

4. What groups or organizations have you been a member of (gardening and non-gardening)?

5. The following is a partial list of areas where Master Gardeners have fulfilled their volunteer time. Check those where you think you would prefer to volunteer.

.....Giving talks to groups	.....Working in demonstration garden	.....Judging at fairs or festivals
.....Answering telephone inquires	.....Teach future Master Gardener class	.....Horticulture therapy
.....Staffing flower show booths	.....Working with children	.....Advising community gardeners
.....Writing garden articles	.....Working in school gardens	.....Other:

6. Why should you be selected for this program?

**Youth Volunteer Interest** If you have no interest in working with youth, skip to the next section.

Do you prefer to work directly with: \_\_\_ Youth \_\_\_ Adults \_\_\_ Both

Have you even been a youth volunteer? \_\_\_ Yes \_\_\_ No

Why are you interested in working with the youth program?

If you prefer to work directly with youth, what age level(s) do you prefer?

\_\_\_ Ages 5-8 \_\_\_ Ages 9-12 \_\_\_ Ages 13-19 \_\_\_ No preference

## 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    \_\_\_ 3-6months per year    \_\_\_ 7-12 months per year            \_\_\_ Ongoing

Previous Volunteer Experience: *(List current or most recent experience first; list any youth experience)*

Organization

Volunteer Role

Year

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Previous Work Experience: *(List current or most recent experience first)*

Employer

Position Title

Year

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## Personal Information

Have you been convicted of a crime in the last seven years?

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 (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 any right to review these references.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

## MASTER GARDENER VOLUNTEER AGREEMENT

I understand that the title AMaster Gardener@ is to be used exclusively when representing the WVU Extension Service in unpaid public service work in an Extension - sponsored program. In such service, 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 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 your county Extension Office:

Office Use only	Date received:	Date Approved:
References:		

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

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