



# PITT COUNTY MASTER GARDENER APPLICATION

## CONTACT INFO

Name				Nickname
Address				How Long?
City	State	Zip	County	Home Phone
If less than a year, previous address:				Business Phone
City	State	Zip	County	Cell Phone
Email	Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Background (This information is required....)				
Contact in case of emergency	Phone	Address	Phone	Relationship

## EDUCATION

Highest education level \_\_\_\_\_

Name of last high school	State	County
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Did you graduate?  Yes  No

Education beyond high school (Please begin with current or most recent first.)

Institution/City/State/Major	Dates attended (From/To)	Degree (Month/Year)
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## EMPLOYMENT & VOLUNTEER EXPERIENCE

Employment Status  Retired   Full Time  Part Time

Is your work in any way, directly or indirectly, related to horticulture?  Yes  No

Are you an owner or employee of a commercial enterprise related to horticulture? Yes  No

If yes, please elaborate: \_\_\_\_\_

Have you ever been a Master Gardener Volunteer? Yes  No

If yes, where? City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Volunteer Experience (List current or most recent experience first.)

Organization	Position	From/To
Organization	Position	From/To
Organization	Position	From/To

## REFERENCES

Name	Address, City, State, Zip	Phone
Email	Relationship	
Name	Address, City, State, Zip	Phone
Email	Relationship	

## INTERESTS

Are you familiar with NC Cooperative Extension and the services we offer?  Yes  No

Have you attended any programs held by NC Cooperative Extension? If so, what were they?  Yes  No

Please list years of gardening experience \_\_\_\_\_

List your top three areas of gardening interest \_\_\_\_\_

List any gardening groups in which you are currently active: \_\_\_\_\_

List any gardening magazines you currently receive: \_\_\_\_\_

Please list any special skills and volunteer roles that you may have or are interested in learning: \_\_\_\_\_

Please indicate the best day(s) and time(s) for you to do volunteer work: \_\_\_\_\_

Why do you wish to become a NC Cooperative Extension Master Gardener Volunteer?

## ADDITIONAL INFORMATION

**There is a \$125 class registration fee that includes the Master Gardener manual and other training materials. Do not submit or send fee until your application has been accepted.**

**I wish to become a participant in the Extension 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 attend all classes and to volunteer a minimum of 40 hours of service to the Cooperative Extension Master Gardener Volunteer program within one year following class completion. I understand there will be a training fee. I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Mail Completed Application to:

Eric Derstine  
403 Government Circle, Suite 2  
Greenville, NC 27834

**For more information, contact Eric Derstine at [eric\\_derstine@ncsu.edu](mailto:eric_derstine@ncsu.edu) or 252-902-1701.**