NC STATE

Extension Master Gardener

Volunteer Application
Pitt County

Please return all 6 pages of the completed application to:

N.C. Cooperative Extension, Pitt County Center
403 Government Circle
Greenville, NC 27834

By the application due date: **2/15/27**

General Information

First Name _____Middle Initial_____ Last Name _____

Prefer to be called _____

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).

_____

_____

Contact Information

Address _____

City _____ State _____ Zip_____

Email _____

Daytime Phone Number (_____) _____

This number is for my: □ Home Phone □ Cell □ Other: _____

Emergency Contact

Name_____ Relationship _____

Phone (____) _____

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 additional pages if needed.

Employee/Volunteer Role _____

Organization _____ Dates From/To _____

Address _____ City _____ State _____ Zip _____

Employee/Volunteer Role _____

Organization _____ Dates From/To _____

Address _____ City _____ State _____ Zip _____

Employee/Volunteer Role _____

Organization _____ Dates From/To _____

Address _____ City _____ State _____ Zip _____

Employee/Volunteer Role _____

Organization _____ Dates From/To _____

Address _____ City _____ State _____ Zip _____

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

Name _____ **Relationship** _____

Email Address _____ Phone Number _____

Name _____ **Relationship** _____

Email Address _____ Phone Number _____

Name _____ **Relationship** _____

Email Address _____ Phone Number _____

Education and Gardening Experience

Please check your highest education level.

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

If you hold a degree, what was your major? _____

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?

Please explain why you wish to become an Extension Master Gardener volunteer and how your interests, skills, and experiences align with the program's mission of empowering North Carolinians to cultivate healthy plants, landscapes, ecosystems and communities through volunteer service that delivers research-based information, educational programming, and community outreach.

Acknowledgements and Signature

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 wish to become a volunteer in the NC State Extension Master Gardener[SM] program and would like to be accepted into the next training class. I confirm:

- I have read and agree to abide by the NC State Extension Master Gardener Student/Intern Code of Conduct (attached).
- I understand the applications will be screened to select the best candidates to assist with consumer horticulture education.
- I understand there is a fee to cover the initial training, administrative and program expenses.
- I understand that 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.
- 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 provide a minimum of (40) hours of volunteer service to the NC State Extension Master Gardener program within one year following class completion.**
- I understand that as an Extension Master Gardener volunteer, I will extend research-based horticultural knowledge from the land-grant university and Extension system.
- I agree to abide by all policies and procedures of N.C. Cooperative Extension and the NC State Extension Master Gardener program, available online at go.ncsu.edu/ncstate-emg-program-guidelines.
- 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 I understand that any falsification of information constitutes cause for dismissal.

Applicant Signature _____

Date _____

Demographic Data

Providing the following information is voluntary and requested solely for the purpose of determining compliance with Federal civil rights laws. Your responses will not affect the consideration of your application.

1. **What is your race and/or ethnicity?**	2. **What is your sex?**
Select all that apply American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White Prefer not to respond	Male Female Prefer not to respond

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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:

Matt Stevens

matt_stevens@ncsu.edu or 252-902-1702

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

End of Application

The Certification Agreement and Code of Conduct on the following pages are included for your reference. You do not need to return them with your application.

NC STATE

Extension Master Gardener

Student/Intern Certification Agreement and Code of Conduct

We appreciate your interest in the NC State Extension Master Gardener[SM] program. Your satisfaction and progress in this volunteer role are important to us. Extension Master Gardener (EMG) volunteer students/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 program.

By signing this agreement or completing it online through the EMG Intranet, you confirm that you understand and agree to follow the requirements, EMG Code of Conduct, and all policies and procedures outlined in the NC State EMG Program Guidelines, available online at go.ncsu.edu/ncstate-emg-program-guidelines. Adherence to these standards is required to remain eligible to participate in EMG training and the EMG program.

As a student and intern in the NC State EMG program, I agree to do the following:

1. Participate fully in the **40 hour** initial training program provided for NC State EMG volunteers.
2. Complete the **40 hour** volunteer service internship within the required time, as specified by the local Extension agent.
3. Report all volunteer service hours, continuing education hours, and educational contacts on the EMG Intranet at least once a month to ensure accurate reporting of volunteer efforts to county and state partners.
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:
    a. 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.

b. 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.

c. 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 an EMG volunteer.

d. I will provide unbiased, research-based information consistent with NC State University recommendations.

e. I will not recommend any particular product, place of business, or service provider, nor will I use the EMG title, service marks, training course, certification, or name badge to promote or imply endorsement of businesses, products, or professional services.

f. I will not use the "Extension Master Gardener" or "Master Gardener" title or service marks for personal, financial, or commercial gain, nor will I present myself as an EMG volunteer, student, or intern in any context other than when performing unpaid work for Extension.

g. I will not conduct political, campaign, or lobbying activities and will refrain from any statements or activities that may be perceived as university support or endorsement of a specific political campaign or political action while serving in the role of EMG volunteer. I understand I can take any position I choose when not serving in an EMG volunteer role, provided I do so as an individual and not as an Extension volunteer.

h. I will provide cultural, mechanical, biological, and chemical recommendations to clients so they can make informed decisions about integrated pest management.

i. I will restrict my chemical pesticide recommendations to those found 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.

j. I will provide education and answer questions only on topics within my training in consumer horticulture. I will not offer information, guidance, or recommendations on any subject outside my training, including (but not limited to): household pests, commercial crop and nursery production, municipal parks and trees, pesticide regulations, herbicide damage, hazardous tree evaluation, human health (including the medicinal use of plants), food safety or preservation, medical or legal issues, or determining whether a plant or mushroom is edible.

k. I will refer requests for information by newspaper reporters to the Extension agent.

l. I will submit all promotional and educational materials that I prepare, including, but not limited to, social media posts, articles, press releases, newsletters, flyers, and leaflets, for review and approval by the Extension agent or the appropriate subject matter Extension specialist or state EMG program coordinator, prior to publication to

ensure they adhere to university and Extension policies, guidance, and best practices. Additionally, I will follow NC State Extension's AI Guidance and Best Practices and disclose when AI has been used in developing these materials to the reviewing Extension professional.

m. I will refer possible poisoning cases to NC Poison Control (800-222-1222).

n. I will wear my EMG nametag when doing volunteer work for Extension.

o. I will maintain a neat and clean appearance that is appropriate for the setting and for the work being performed. In addition, I will dress in an appropriate and professional manner suitable for the activity and location where I am participating. "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.

p. I will not make copies of copyrighted material for distribution without written permission from the copyright owner.

q. I will not sign contracts on behalf of Extension or the EMG program.

r. When serving in an EMG volunteer role, I will not
   - Engage in unlawful discrimination or harassment based on a person's actual or perceived race, color, or national origin, including shared ancestry or ethnic characteristics; sex, including sexual orientation, gender identity, and pregnancy or related conditions; age; disability; genetic information; religion; or veteran's status;
   - Use alcohol or drugs; and/or
   - Possess or carry a weapon as that term is used in N.C. Gen. Stat. § 14-269.2 and/or as prohibited under REG 04.05.02 and REG 04.20.10.

s. I accept the copyright and media release policies in Chapter 5, section H of the NC State EMG Program Guidelines.

By signing and checking all the boxes in the Acknowledgements and Signature section on page 4 of this application, you agree to abide by this Certification Agreement and Code of Conduct regarding your service as an Extension Master Gardener volunteer if accepted into the EMG program.

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