

**Cornell Cooperative Extension  
Master Gardener Volunteer Training Application**

**Part I: Applicant Information - Applications Accepted through August 19, 2022**

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

**Address** \_\_\_\_\_  
(Street/PO Box) (Town) (Zip)

**E-mail** \_\_\_\_\_ **Are you over 18? Yes: No:**

**Phone: Day** \_\_\_\_\_ **Evening** \_\_\_\_\_  
(Best time to call) (Best time to call)

**NOTE: Upon acceptance into the Cornell Cooperative Extension Master Gardener Volunteer Program, all volunteers, including Master Gardener Apprentices, are required to complete a Volunteer Application and Sign-off Form. This is a comprehensive form includes volunteer requirements, code of conduct, background screening, sexual harassment prevention training, and volunteer agreement.**

**Accommodations:** Given the expectations and essential functions of the volunteer position for which you are applying, please describe any physical or health accommodations that may be needed.

**Volunteer History:** Have you ever been involuntarily terminated from a volunteer position? If so, please explain.

**References:** List two persons **not related to you** who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed.

1. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street/PO Box) (Town) (Zip)

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

2. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street/PO Box) (Town) (Zip)

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

## Part II: Applicant Profile

A. What interests do you wish to pursue and what do you hope to accomplish as a Master Gardener Volunteer?

B. List volunteer experiences, paid or educational, that relate to the volunteer position you seek.  
(Activity or Position) (Organization / Employer) (Dates)

C. List any skills, hobbies, interests or languages spoken that might be helpful in your volunteer work.

D. What annual time commitment do you initially desire?

\_\_\_\_\_ 1-3 Months \_\_\_\_\_ 3-6 Months \_\_\_\_\_ 6-12 Months \_\_\_\_\_ Continuous (undermined) \_\_\_\_\_ Other  
How much time can you commit on a regular basis? State hours per week or per month. \_\_\_\_\_

When are you available? State day(s) of week, times of day, and months of year. \_\_\_\_\_

E. This position may involve teaching and/or working with groups. Check the audience(s) you prefer.

\_\_\_\_\_ adults \_\_\_\_\_ senior adults \_\_\_\_\_ youth/grades: \_\_\_\_\_ K-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12

Please list your interests in working with special needs children, children or adults with disabilities, limited resource families, or with specific ethnic or cultural groups.

F. Do you have an independent and reliable means of transportation?      **Yes:**      **No:**

G. Are you willing to go through an interview process to join this program?      **Yes:**      **No:**

I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Master Gardener Volunteer.

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

***Thank you for your interest in the Master Gardener Volunteer Program. Your Master Gardener Program Leader will contact you to schedule an interview.***

(May 2022)