

SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

A. GENERAL INFORMATION

Name _____

Home Address _____
Last First Middle Name
Street, Route, Apt # Length of time at this address? _____
City, State Zip code County

Mailing Address (if different from above) _____

Email address: _____ How long have you resided in this county? _____

Telephone: Daytime _____ Evening _____

Best time to call: Morning Afternoon Evening

Have you previously volunteered with TN Extension? Yes No

If yes, county and last year volunteered? _____

B. DEMOGRAPHIC INFORMATION

Gender: Female Male Ethnicity: (check one) Not Hispanic/Latino Hispanic/Latino

Race: (check one) White Black /African American Native American Indian/ Alaskan Native
 Asian Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English? Yes No

(Please list, including American Sign Language.) _____

C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

_____Hrs. /week _____Hrs. /month 1-3 months 3-6 months 6-12 months Ongoing

When are you available to volunteer? (Check all that apply)

Day Evening Weekends I'm flexible Specific times: _____

D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth Adults Senior Citizens Clientele with disabilities Other _____

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school K-3 Explorer (4th grade) Junior (5th - 6th) Jr. High (7th- 8th)
Senior: Level I (9th-10th) Level II (11th - 12th)

E. ACTIVITY INTERESTS - What are your volunteer activity interests? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Teaching/ demonstrations | <input type="checkbox"/> Writing/publishing/proofreading |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Web development |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Artworks, graphics |
| <input type="checkbox"/> Displays/exhibits | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Organizing programs/events | <input type="checkbox"/> Research/data collection |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Typing/ Computer entry |
| <input type="checkbox"/> Telephone/office work at county Extension office | <input type="checkbox"/> Fundraising |

F. REFERENCES - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

2. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

3. _____

Name	Street Address	City/State/Zip	
Day Phone Number	Evening Phone Number	Email Address	Relationship

G. BACKGROUND DISCLOSURE - A “yes” answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:
 - a. A crime of violence? Yes No
 - b. Child abuse or neglect? Yes No
 - c. Sexual related offenses? Yes No
2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

AGRICULTURE, NATURAL RESOURCES, AND COMMUNITY ECONOMIC DEVELOPMENT

MASTER GARDENER

Why do you wish to become an Extension Master Gardener Volunteer? _____

Do you have any experience or interests that you feel would be beneficial to the Master Gardener program? _____

Years of gardening experience? _____

Would you like to work with home gardeners? Yes No

Which of these do you consider to be your areas of expertise?

- | | | |
|--|---|---|
| <input type="checkbox"/> Vegetable gardening | <input type="checkbox"/> Lawns & turf grass | <input type="checkbox"/> Flower gardening |
| <input type="checkbox"/> Community gardens | <input type="checkbox"/> Herb gardening | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Trees/shrubs | <input type="checkbox"/> Native plants | <input type="checkbox"/> Diseases/insects |
| <input type="checkbox"/> Wildlife gardening | <input type="checkbox"/> Houseplants | <input type="checkbox"/> Water-conservation gardening |
| <input type="checkbox"/> Ornamental ponds | <input type="checkbox"/> Other: _____ | |

Other volunteer experiences in your community:

- | | |
|----------------------|------------------------|
| _____ | _____ |
| Volunteer Position | Organization Name |
| _____ | _____ |
| Organization Address | Organization Telephone |
- | | |
|----------------------|------------------------|
| _____ | _____ |
| Volunteer Position | Organization Name |
| _____ | _____ |
| Organization Address | Organization Telephone |

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

I understand the title Extension Master Gardener is conditional upon receiving training, performing 40 service hours and reporting those hours. Tennessee Extension Master Gardeners are expected to use only University of Tennessee-approved recommendation. The Extension Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

Signature _____

Date _____

FOR OFFICE USE ONLY: Date application was received: _____

This applicant: (Pick one)

- Met qualifications for an Extension volunteer position.
 Did not meet qualifications for an Extension volunteer position.

Volunteer Level: 1 2 3



Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.