

Cornell Cooperative Extension Schoharie and Otsego Counties Master Gardener Volunteer Application

Applications accepted through Friday, August 17

Part I – All applicants must complete this part. **Position desired: Master Gardener Volunteer**

Name _____
(Last) (First) (Middle)

Address _____
(Street/PO Box) (Town) (Zip + 4)

E-mail address _____ Have you passed your 18th birthday? _____

Phone: Day _____ Night _____
(Best time to call) (Best time to call)

Driver's License # _____

Note: Your motor vehicle driving record will be checked if the volunteer position you seek involves transportation of others in your personal vehicle or use of Cornell Cooperative Extension vehicles.

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

Volunteer History: If you have ever been involuntarily terminated from a volunteer position please tell us when and why? _____

Delinquency History: A criminal record will be evaluated only in relation to the volunteer position for which you have applied; seriousness and nature of offense, time elapsed and rehabilitation will be considered.

Have you ever been convicted of a criminal offense? _____ If yes, please give date, nature of the offense and disposition. _____

If the volunteer position you are seeking involves work with children, the elderly or individuals with disabilities, have you ever been held accountable for abuse, maltreatment or neglect? _____ 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: _____ How do you know this person? _____

(Over)

(3/19/01)

2. Name _____

Address _____
(Street/PO Box) (Town) (Zip)

Phone: _____ How do you know this person? _____

I authorize contact of listed references and verification of delinquency history. I release all parties contacted from all liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer.

Date _____

Signature _____

Part II –Applicant Profile: The information requested is used solely for placement and training purposes.

A. What interests do you wish to pursue or what do you hope to accomplish by serving as a CCE volunteer?

B. List volunteer, paid or educational experiences that relate to the volunteer position you seek.

(Activity or Position) (Organization or Employer) (Dates)

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

D. What time commitment do you initially desire?

() 1 to 3 months () 3-6 months () 6-12 months () other _____

How much time can you commit on a regular basis? State hours per week or month. _____

When are you available? State days of week, times of day and months of year. _____

E. If the position you desire involves teaching 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 specific ethnic or cultural groups. _____

F. Do you have an independent and reliable means of transportation? _____