



# North Carolina Extension Master Gardener Volunteer

Extension Master Gardener  
Please return

## Lincoln County

to: Lincoln County Coop. Extension  
115 W. Main St.  
Lincolnton, NC 28092

Application Due Date:

**GENERAL INFORMATION** (please print)

Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Mailing Address \_\_\_\_\_  
 (Street, P.O. Box, Route, Apt #) (City) (State) (Zip)

Residence \_\_\_\_\_  
 (Physical location if different than mailing address)

How long at this address \_\_\_\_\_

**CONTACT INFORMATION**

Phone: Daytime (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
 Evening (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_\_) \_\_\_\_\_ (Evening)  
 Cell (\_\_\_\_\_) \_\_\_\_\_

Indicate 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).

\_\_\_\_\_

# North Carolina Extension Master Gardener Volunteer Application

## BACKGROUND SCREENING CONSENT

Last Name	First Name	M.I.	
Current Address		Since when?	Date of Birth / /
City	State	Zip	County
Home Phone	Drivers licenses number and state DL# State		Date of Expiration / /

Social security numbers are not collected on this form, however, for those positions that require criminal background checks, this information will be necessary for program participation.

**List below previous residence(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address)**

Previous address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names

<p>Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If yes, please give date, nature, and disposition of offense. (A criminal record will not necessarily prevent an applicant from becoming an Extension Master Gardener Volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)</p>
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I hereby authorize the Extension agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

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

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

<b><i>For Office Use Only</i></b>	
The criminal background check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of background check:	Name of person conducting the check:
If unsatisfactory, please explain	
_____	

## Extension Master Gardener

# NC State Extension Master Gardener<sup>SM</sup> Program Student/Intern Code of Conduct Form

We appreciate your interest in the NC State Extension Master Gardener<sup>SM</sup> (EMG) program. Your satisfaction and progress in this volunteer role is important to us. Master Gardener volunteer (MGV) student/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 training, the EMG program, and to be covered by [NC State University's liability protection plan](#).

By signing this form, you are agreeing to abide by all items in this agreement, as well as all program policies and procedures covered in the NC State EMG Program Guidelines, available at [go.ncsu.edu/2020-emg-guidelines](http://go.ncsu.edu/2020-emg-guidelines). In addition, you are agreeing to abide by all items in the COVID-19 Guidelines for EMG Volunteer Activities, available at <https://go.ncsu.edu/emg-covid-guidelines>. Volunteers not adhering to all items in this agreement as well as all items within the Guidelines may forfeit their ability to participate in the EMG program.

### **As a student and intern in the NC State Extension Master Gardener<sup>SM</sup> Program, I agree to do the following:**

1. Participate fully in the 40 hour initial training course provided for NC State Extension Master Gardener volunteers.
2. Complete the 40 hour volunteer service internship within the required time, as specified by the local Extension agent.
3. Report all volunteer and education hours on the EMG Intranet on a regular basis, no less than monthly to support accurate reporting of volunteer efforts to state and county partners.
4. Meet any additional county requirements defined by the county agent or local EMG volunteer coordinator.
5. Abide by the NC State EMG Program Guidelines and the following Code of Conduct:
  - 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.
  - 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.
  - 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 a Master Gardener<sup>SM</sup> volunteer.
  - I will provide unbiased, research-based information consistent with NC State University recommendations.

- I will make no recommendations or endorsements of a particular product or place of business. Nor will I use my title as a Master Gardener<sup>SM</sup> volunteer for commercial or private business.
- I will provide cultural, mechanical, biological, and chemical recommendations to clientele so that they can make an informed decision about integrated pest management.
- I will restrict my chemical pesticide recommendations to only those 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.
- I will restrict my answers to questions within my area of expertise or training. I will not answer questions concerning household pests, commercial horticulture, herbicide damage, hazardous tree evaluation, medical or legal questions, or determining if a questionable plant or mushroom is edible.
- I will submit educational materials that I prepare (articles, press releases, newsletters, leaflets) for review and approval by the Extension agent or the appropriate subject matter Extension specialist or state EMG program coordinator prior to printing.
- I will refer requests for information by newspaper reporters to the Extension agent.
- I will refer possible poisoning cases to the Carolina's Poison Center (800-848-6946).
- I will wear my EMG nametag when doing volunteer work for Extension.
- I will dress in an appropriate and professional manner suitable for the activity or location I am participating in. "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.
- I will maintain a neat and clean appearance that is appropriate for the workplace setting and for the work being performed.
- I will not make copies of copyrighted material for distribution without written permission from the copyright owner.
- I will not sign contracts on behalf of Extension or the EMG program.
- I will not display discriminatory behavior (based on race, color, religion, sex, age, national origin, handicap, and sexual orientation), engage in sexual harassment, alcohol or drug use, or carry a dangerous weapon while serving as a Master Gardener<sup>SM</sup> volunteer.
- I accept the copyright and media release policies found in the NC State EMG Program Guidelines, Chapter 5, section H.

**I have read and agree to abide by the EMG Program Guidelines and Code of Conduct regarding my service as a Master Gardener<sup>SM</sup> volunteer.**

Date: \_\_\_\_\_

MGV Student/Intern Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_