



Extension Master Gardener Volunteer Program Application

All sections must be completed for consideration as an Extension Master Gardener volunteer.

Name _____

Mailing Address _____

_____ County _____

Day Phone Number _____ Evening Phone Number _____

Cell Phone Number _____

Email Address _____

Are you interested in learning more about fee assistance? Yes No

Have you been an Extension Master Gardener in another state or county? Yes No

If yes, please list the state, county, dates of participation, and Master Gardener supervisor's name:

Why are you interested in becoming an Extension Master Gardener volunteer?

Are you affiliated with any gardening clubs or horticulture-related organizations?

If yes, please list and describe any leadership role within the club(s)

List current or past work experience (with most recent first). Include any other volunteer work in which you participate.

Employer	Title	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

What types of activities are you interested in participating? (youth related, community projects, answering phones...)

Have you been convicted of a misdemeanor or a felony in the last seven years? Yes No

(If yes, please attach explanation).

Note: A criminal record will not necessarily prevent an applicant from being a Master Gardener volunteer.

Signature Date

The county coordinator will schedule a phone interview prior to being accepted into the program

If selected for the EMG program you will receive a shirt and nametag:

Please select a T-Shirt Size (unisex sizes):

Small (S) Medium (M) Large (L) Extra Large (XL) XXXLarge (2XL)
Other:

Preferred Name for Name Tag (first name or nickname): _____

Please return application with the fee to: Nebraska Extension in Hall County, 3180 W. Hwy 34, Grand Island NE 68801. Please make checks payable to University of Nebraska—Lincoln