

Cornell Cooperative Extension of Chenango County  
Master Gardener Volunteer Application

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

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

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

E-mail address \_\_\_\_\_ Have you passed your 18<sup>th</sup> 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 qualification 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? \_\_\_\_\_

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, interest or languages spoken that may 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 the 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 you interest 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? \_\_\_\_\_