

Master Gardener Volunteer Program
Of Tompkins County
Preliminary Application 2016

Name _____

Address _____

Phone Number(s) _____

Email Address(es) _____

Please describe your gardening interest and skills _____

How did you learn about the Master Gardener program?

Why do you wish to become a volunteer with the program? _____

Are you available for the mandatory Saturday training dates:
(Sept. 17; Oct. 15; Nov. 5; Dec. 10, 2016; and Mar. 25, 2017)?

The MG program is a volunteer program. The volunteer requirement is 40 hours a year for each of the first two years following completion of the training, although we hope that most MG volunteers will continue after that. Do you have enough free time to fulfill the volunteer requirement?

Times available for volunteer work (please indicate hours/days of week):

_____ mornings _____ afternoons _____ evenings

_____ weekends

Preferred day(s) of week: ___ M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun

Preferred method of contact: ___ email ___ daytime phone ___ evening phone ___ mail

Do you have a valid drivers license? _____

Do you have any health or physical conditions which may affect your volunteer work or of which we should be aware? _____

Your occupation (optional) _____

In case of emergency, whom should we notify?

Name _____

Phone Number (s) _____

Address _____

_____ I am interested in a scholarship to cover the cost of training (\$100).

Anything else you want to tell us?

Cornell Cooperative Extension offers equal program and employment opportunities.

This information will remain confidential. It will be used to determine where your interests lie and how you might best fit into our program. No discrimination is intended.