

Cornell Cooperative Extension | Cattaraugus & Chautauqua Counties

2024 Master Gardener Volunteer Application

- Directions:** *Type or print, using black ink
 *If you need additional space, attach a separate sheet
 *Sign the completed application

GENERAL																				
NAME (Last)	First	Middle	Today's Date																	
Mailing Address - Street			Daytime Phone # ()	Evening Phone # ()																
City	State	Zip Code	Email address	Birth date if under 18																
Have you ever volunteered for CCE before? If yes, give dates, program, position Yes No																				
Date available? From			To	Approximately when and how many hours/week would you like to volunteer?																
What interests do you wish to pursue by serving as a CCE Master Gardener Volunteer? (please check all that apply)																				
<table border="0"> <tr> <td><input type="checkbox"/> Flower Gardening</td> <td><input type="checkbox"/> Sustainable Gardening</td> </tr> <tr> <td><input type="checkbox"/> Vegetable Gardening</td> <td><input type="checkbox"/> Adult Teaching</td> </tr> <tr> <td><input type="checkbox"/> Media Connections</td> <td><input type="checkbox"/> Community Gardens</td> </tr> <tr> <td><input type="checkbox"/> Youth Education</td> <td><input type="checkbox"/> Food and Nutrition</td> </tr> <tr> <td><input type="checkbox"/> Pollinators</td> <td><input type="checkbox"/> Native Plants</td> </tr> <tr> <td><input type="checkbox"/> Rain Gardens</td> <td><input type="checkbox"/> Marketing and Advertising</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>					<input type="checkbox"/> Flower Gardening	<input type="checkbox"/> Sustainable Gardening	<input type="checkbox"/> Vegetable Gardening	<input type="checkbox"/> Adult Teaching	<input type="checkbox"/> Media Connections	<input type="checkbox"/> Community Gardens	<input type="checkbox"/> Youth Education	<input type="checkbox"/> Food and Nutrition	<input type="checkbox"/> Pollinators	<input type="checkbox"/> Native Plants	<input type="checkbox"/> Rain Gardens	<input type="checkbox"/> Marketing and Advertising	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
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Describe any education or training that you have had related to the volunteer position you seek. Also describe any special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.																				

Accommodations: Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate in the activity.

Transportation: Do you have an independent and reliable means of transportation to and from volunteer activities? Yes No

REFERENCES: List 2 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

Have you ever been convicted of a criminal offense other than a minor traffic violation?

No Yes (If yes) Date(s) _____

NOTE: *A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.*

Do you possess a valid NYS Driver's License? Yes No

NOTE: *If the volunteer position you seek requires the transportation of others in your personal vehicle or use of CCE Association vehicles, you will be asked to complete a motor vehicle record request permission form.*

I affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a Cornell Cooperative Extension (CCE) volunteer. I authorize Cornell Cooperative Extension of **Cattaraugus and/or Chautauqua** County to obtain from all persons, including those not named here, and/or agencies any records, documents, and other information relative to my suitability to perform the duties of the volunteer position. **I understand, the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities and a criminal background check including a sexual offender search will be made.** I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at CCE for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between myself and CCE. I further understand and agree that if I am offered and accept a volunteer position at CCE, either I or CCE, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. CCE reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the CCE Association Volunteer Agreement and acceptance of the provisions of the CCE Association Volunteer Code of Conduct.

Signature _____ Date _____