

Cornell Cooperative Extension Monroe County

2449 Saint Paul Blvd
Rochester, NY 14617
t. (585) 753-2550
f. (585) 753-2560
e. monroe@cornell.edu
monroe.cce.cornell.edu



Monroe County Master Gardener Program Volunteer Training Volunteer Application

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Phone Number: _() - _____ **Email Address: (please print clearly):** _____
☐ Cell Phone ☐ Home Phone NOTE: EMAIL IS THE PRIMARY COMMUNICATION AVENUE

Are you a Monroe County resident?? ☐ Yes ☐ No **Do you know a current MGV?** _____

Highest degree Completed: *(please check)*
☐ High School/GED ☐ Technical Degree ☐ Undergraduate Degree ☐ Graduate Degree ☐ Professional Degree

Have you had formal Horticulture Training? ☐ Yes ☐ No

If yes, where and in what area of expertise:

Have you ever been a Certified Master Gardener? (Certified means that you have taken and passed the core training as well as met the volunteer hour requirements of that program) ☐ Yes ☐ No

If yes, in what State, County & Year?? _____

Previous Work Experience: *(list current or most recent experiences first)*

	Employer	Position Title	Year
1.	_____	_____	_____
2.	_____	_____	_____

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and provides equal program and employment opportunities.

Previous Volunteer Experience: *(list current or most recent experiences first)*

Organization	Volunteer Role	Year
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1. _____
2. _____

Please list 2 people, at least one who is not related to you, that we may contact who have knowledge of your interests, skills, and ability to commit to this program.

Please provide both a phone number and an email address.

Reference #1: _____

Best Phone #: () _____

Email: _____

Relationship to candidate: _____

Reference #2: _____

Best Phone #: () _____

Email: _____

Relationship to candidate: _____

Why are you interested in becoming a Master Gardener Volunteer?

What additional experiences and skills do you bring that would be valuable to the Master Gardener Program?

(eg: proofreading skills; photography; technical skills; teaching/public speaking)

Please note, this training is currently offered in English only, translators will be accommodated upon request

Do you speak other languages besides English?? ☒ Yes ☐ No

If so, which language(s): _____

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To get to know you better, please check next to the statements that best describe types of projects that you might be interested in, populations you prefer to work with and areas of expertise/interest on the charts below.

What types of projects would most interest you as a Master Gardener Volunteer??

<input type="checkbox"/>	Answer garden related questions from the community through the Master Gardener Helpline?
<input type="checkbox"/>	Write gardening related factsheets, articles or assist with newsletter.
<input type="checkbox"/>	Create brochures, flyers, and promotional materials.
<input type="checkbox"/>	Develop and/or conduct garden talks and demonstrations.
<input type="checkbox"/>	Conduct gardening programs for youth and adults in a community setting.
<input type="checkbox"/>	Develop teaching materials and displays.
<input type="checkbox"/>	Work on CCE/MG affiliated demonstration gardens.
<input type="checkbox"/>	Provide support to City/County Parks by removing invasive species, pruning and horticulture tasks.
<input type="checkbox"/>	Represent Master Gardeners at informational booths, fairs, expos conferences, community events.
<input type="checkbox"/>	Participate in garden consultation with residents to problem solve gardening issues and provide advice.

What type of audience would you be interested in working with?

<input type="checkbox"/>	Children-elementary age
<input type="checkbox"/>	Youth- junior/senior high school
<input type="checkbox"/>	Adults
<input type="checkbox"/>	Seniors
<input type="checkbox"/>	People with physical and/or cognitive disabilities

In what areas do you have the most experience OR interest? (please check all that apply)

Experience Interest

<input type="checkbox"/>	<input type="checkbox"/>	Annuals
<input type="checkbox"/>	<input type="checkbox"/>	Perennials
<input type="checkbox"/>	<input type="checkbox"/>	Roses
<input type="checkbox"/>	<input type="checkbox"/>	Lawns/Turf
<input type="checkbox"/>	<input type="checkbox"/>	Ornamental grasses
<input type="checkbox"/>	<input type="checkbox"/>	Native Plants
<input type="checkbox"/>	<input type="checkbox"/>	Invasive Species
<input type="checkbox"/>	<input type="checkbox"/>	Vegetables
<input type="checkbox"/>	<input type="checkbox"/>	Herbs
<input type="checkbox"/>	<input type="checkbox"/>	Fruit (tree, shrubs, perennial)
<input type="checkbox"/>	<input type="checkbox"/>	Trees/Shrubs
<input type="checkbox"/>	<input type="checkbox"/>	Soil
<input type="checkbox"/>	<input type="checkbox"/>	Composting
<input type="checkbox"/>	<input type="checkbox"/>	Insects
<input type="checkbox"/>	<input type="checkbox"/>	Plant Diseases
<input type="checkbox"/>	<input type="checkbox"/>	Water Garden
<input type="checkbox"/>	<input type="checkbox"/>	Wildlife management
<input type="checkbox"/>	<input type="checkbox"/>	Weeds
<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify)

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