



Master Pomology Application 2020

Name _____ Prefer to be called _____

Mailing Address _____ How Long at this address? _____

City _____ State _____ Zip Code _____ County _____

Email _____ Phone (Home) _____ (Work) _____ (Cell) _____

Best time to call _____

Current employment status:

- retired
- work full time
- work part time
- not employed for pay

Please circle your highest education level.

6 7 8 9 10 11 12 College: AA BA/BS MA/MS PhD Non-Degree

Years of experience in the area. _____

List your top three areas of horticulture interest. Example: tree fruits, vegetables, small fruits, ornamentals.

List any formal training in tree fruit.

List programs/services you have received or participated in from the Cooperative Extension Service.

List volunteer roles you are most interested in performing.

List any special skills that might be used in a volunteer capacity. Examples: computers, graphic design, teaching, etc.

Indicate the best day and time for you to do volunteer work. Example: Friday mornings.

List previous work experience that might assist you in the Extension Master Pomology Volunteer program.

Why do you wish to become an Extension Master Pomology Volunteer?

Previous volunteer experience.

Organization	Position	Number of years
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List two personal, non-relative references that we may contact.

Name	Address	Phone	Relationship
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I wish to become a participant in the Extension Master Pomology Volunteer program. I understand the applications will be screened to select the best candidates. If accepted, I agree to volunteer a minimum of 40 hours of service to the Cooperative Extension Master Pomology Volunteer program within one year following class completion. I understand that there will be a training fee.

Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation? ___ Yes, ___ No

If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. A criminal record will not necessarily prevent an applicant from becoming an Extension volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)

I hereby authorize NC State Cooperative Extension or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

Return to your local NC Cooperative Extension Office.

*The North Carolina Cooperative Extension Service is an equal opportunity employer.
Employment and programs opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability*