

University of Maryland Extension **Volunteer Application**

Baltimore County

Mail form to:
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4-H	Master Gardener

Name:					
Last		First		Middle	
Address:					
Street Address		City		State	Zip
Phone: Home		Best	time to call		
Office		Best			
Email:					
n case of emergency conta	ct: Name			Phone Nur	
	Name			Phone Nur	nber
ist the volunteer position(s) for which you are applying	ng:			
1	, , , , , , , , , , , , , , , , , , , ,	·			
ist the tasks or responsibil	ities you prefer:				
Check those with whom yo	u prefer to work:				
) Youth () Young		() Senior	· Citizens		
) roun () roung	() Tiddits	() 5011101	- C1112C115		
Volunteer experience (List	most recent experience firs				
		From	То	Contact per	
Organization	Volunteer role(s)	month/year	month/year	address and phor	ne number

Work experience (List most re	ecent experience first.)				
Б. 1	D 1/1 /1/1	From	To	Contact pe	
Employer	Position or title	month/year	month/year	address and phor	ne number
	-				
List your skills, interests and h	oobbies:	- \	<u> </u>		
List organizations or clubs in	which you are active:				
List languages in which you a	re fluent:				
Have you ever been convicted No Yes	of a felony or misdemear	nor of which a se	entence of more t	han 1 year may have	been imposed?
If yes, please give date, nature	e of offense, and disposition	on:			
(A conviction does not automate occurred is important. Give a	all the facts so that a decis	ion can be made	.)		
addresses are required.					
Name			Phone:		
Address					
Street address		City		State	Zip
Name			Phone:		
Address					
Street address		City		State	Zip
Name			Phone:		
Address					
Street address		City		State	Zip
I authorize the University of M understand that misrepresenta a volunteer, I agree to abide by responsibilities to the best of r	tion or omission of facts roy the philosophies of the M	equested is caus	e for nonappoint	ment as a volunteer. I	f appointed as
Signature:				Date:	

The University of Maryland is equal opportunity. The University's policies, programs and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, gender and disability. Inquiries regarding compliance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments; Section 504 of the Rehabilitation Act of 1973; and the Americans with Disability Act of 1990; or related legal requirements should be directed to the Director of Personnel/Human Relations, Office of the Dean, College of Agriculture, Symons Hall, College Park, MD 20742

Baltimore County Master Gardener Applicant Profile

All applicants **must** complete this section in its entirety. Please print or type all responses. If you require additional space for you answers please use the enclosed Applicant Profile Addendum and attach it to your application.

1. Please discuss, in some detail, why you wish to become a member of the Master Gardener Program, and how your particular skills, talents, experience would benefit our organization.
2. Please discuss, in some detail, your thoughts/opinions regarding community service, and the role, as you see it, of the volunteer in today's culture.
3. Please discuss, in some detail, why you believe a Master Gardener Program is essential to you and to your community.
4. Briefly describe what aspect(s) of gardening/horticultural technology most appeal(s) to you, and which do not.

Baltimore County Master Gardener Applicant Profile Addendum

1.

2.

3.

4.