



# Application for the WILSON COUNTY MASTER GARDENER VOLUNTEER PROGRAM

Please complete this application and forward to:  
Cyndi Lauderdale, Wilson County Cooperative  
Extension, 1806 S. Goldsboro Street, Wilson, NC  
27893, Phone: 252-237-0113

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

**Current employment status:**

- retired     work full time     work part time     not employed

**List your top three areas of gardening interest:**

- Roses                       Vegetables                       Turf grass  
 Perennials                 Houseplants                       Ornamental grasses  
 Bulbs                         Herbs                               Trees/shrubs  
 Other (please list) \_\_\_\_\_

**List your top three sources of gardening information:**

- Cooperative Extension programs     Gardening magazines  
 High school/College course(s)     Workshops  
 Internet sites                       Garden catalogs                       Television  
 Garden club                       Garden tours                       Garden books  
 other (please list) \_\_\_\_\_

**List any special skills that you have:**

- Computer                       Construction                       Graphic design  
 Marketing                       Public speaking                       Teaching  
 Decorating                       Floral Design                       Photography  
 Other (please list) \_\_\_\_\_

Wilson County Master Gardener Volunteer Program Application (continued)

List volunteer roles you are most interested in performing:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Publicity             | <input type="checkbox"/> Public speaking     | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Youth programs        | <input type="checkbox"/> Propagation         | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Treasure Tree         | <input type="checkbox"/> Garden Curators     | <input type="checkbox"/> Garden helpline  |
| <input type="checkbox"/> Exhibits              | <input type="checkbox"/> Leadership/advisory |   |
| <input type="checkbox"/> Greenhouse management |  |   |

List the best day/time for you to perform volunteer work:

- |  |   |
|--|---|
| <input type="checkbox"/> Weekday, mornings   | <input type="checkbox"/> Weekday, afternoons              |
| <input type="checkbox"/> Weekday, evenings   | <input type="checkbox"/> Weekend, mornings                |
| <input type="checkbox"/> Weekend, afternoons | <input type="checkbox"/> Other (please be specific) _____ |

Briefly tell us why you want to become a Master Gardener:

List your current volunteer activities:

How did you find out about the Master Gardener Volunteer Program:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Wilson Daily Times           | <input type="checkbox"/> Other newspaper                      | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Television                   | <input type="checkbox"/> Other Cooperative Extension Programs |                                |
| <input type="checkbox"/> Friend                       | <input type="checkbox"/> Other Master Gardener (name) _____   |                                |
| <input type="checkbox"/> Master Gardener Presentation | <input type="checkbox"/> Wilson Botanical Gardens             |                                |
| <input type="checkbox"/> Other( please                |   |                                |

I wish to become a participant in the Wilson Country Master Gardener Volunteer program. I understand the application will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I will participate in a 40 hour training course to acquaint me with the principles and practices of consumer horticulture. After graduation from the course, I agree to volunteer a minimum of 40 hours of service to the Wilson County Master Gardener Volunteer program within one year. I understand that there will be a training fee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

This Program is part of the North Carolina Cooperative Extension Service, an equal opportunity employer. Employment and program opportunities are offered to all people regardless or race, color, national origin, sex, age, or disability.