

I ILLINOIS

Extension

COLLEGE OF AGRICULTURAL, CONSUMER
& ENVIRONMENTAL SCIENCES



University of Illinois Extension

809 Broadway Ave.

Mattoon, IL 61938

Tele: 217/345-7034 Fax: 217-234-6640

<http://extension.illinois.edu/ccdms/>

University of Illinois EXTENSION VOLUNTEER APPLICATION

CONFIDENTIAL INFORMATION

2020 Master Gardener volunteer training program application

For Coles, Cumberland, Douglas, Moultrie and Shelby Counties

Thank you for your interest in the University of Illinois Extension's Master Gardener volunteer program. No special expertise is required for acceptance into the Master Gardener program; all you need is a commitment to learn and teach others about gardening! Our 2020 Master Gardener training sessions will be offered on Tuesdays starting on January 28 and continuing through April 7. Training sessions will be held at the Coles County Extension office in Mattoon.

Please complete this application and **return it to the Coles County Extension Office, 809 Broadway Ave., Mattoon, IL 61938 no later than Friday, December 13.** Call 217/345-7034 with any questions you might have about the program or the application process.

First, check this box and sign below to acknowledge your understanding of the program's requirements, then proceed with the rest of the application:

I wish to become a University of Illinois Extension Master Gardener volunteer and would like to be accepted into the training program. I understand that if accepted into the program, I will need to attend all training sessions, follow all applicable rules and guidelines, and provide at least 60 hours of volunteer service to the program in Coles, Cumberland, Douglas, Moultrie and/or Shelby Counties over the following two years. I also understand that background checks are a routine part of the application process, and that acceptance into the program is at the discretion of local and state Extension staff.

_____ (signature)

Name: _____ County of residence: _____

Mailing address _____ City _____ Zip _____

Telephone: Home _____

Mobile _____

Work _____

Email address: _____

Occupation: _____ (former occupation if retired)

1. Why do you wish to get involved as a Master Gardener volunteer?

2. How did you learn about the Master Gardener program?

3. Please list any training or experience you have in gardening or related areas.

4. Master Gardener volunteers provide a wide variety of educational programs/projects in our communities, and most choose to get involved in several that are a good match for their experience, interests and abilities. What kinds of educational programs/projects might you be especially interested in helping out with?

5. Do you have any previous affiliation(s) with the U of I and/or Extension? ____No ____Yes
If yes, please describe your previous affiliations with U of I and/or Extension. Please include any activities you've done as an Extension program participant, volunteer or employee.

6. Please list any special skills (art, woodworking, writing, photography, etc.) that may be especially useful in Master Gardener volunteer work.

7. Please tell us about any previous/current volunteer experience you have had with other organizations:

Name of organization

your role

when?

Have you ever been convicted of a criminal offense?

_____ Yes _____ No (If yes, please attach a sheet to explain.) A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

I authorize the University of Illinois to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a U. of I. Extension employee of the unit for which I am volunteering (e.g. County Director).

Signature _____ Date _____

Completed applications must be received at the Coles County Extension Office by Friday, December 13, 2020.

Applicant interviews will be scheduled for early January. For those accepted into the program, a materials/training fee of \$150 will be due and payable prior to the start of training on January 21. A full or partial fee waiver may be available to applicants who demonstrate need and are willing to fulfill the training and volunteer commitments; contact the Extension office for details.

If you need a reasonable disability-related accommodation to participate in this program, contact the Coles County Extension office at 217/345-7034.



*University of Illinois at Urbana-Champaign * USDA * Local Extension Councils Cooperating. University of Illinois Extension provides equal opportunities in programs and employment.*

State of Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years. OR If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

University of Illinois (Agency Name)
Danna Lewis, County Director (Contact Person)
809 Broadway Ave. (Address)
Mattoon, IL 61938 (City/State/Zip)
217-348-7940 (Submitting Agency Fax Number)



**CONVICTION INFORMATION NAME CHECK
REQUEST FOR VOLUNTEERS**

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth:
Month Day Year

Sex: "M" for Male
"F" for Female
"U" for Unknown

Race: "W" for White (includes Mexicans and Latins)
"B" for Black
"A" for Asian/Pacific Islander
"I" for Indian/Alaskan Native
"U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____