

INDICATE VOLUNTEER AREA:

4-H / Youth \_\_\_\_\_

Master Gardener \_\_\_\_\_

Master Naturalist \_\_\_\_\_

Money Mentor \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

# I ILLINOIS Extension

Office use Only

Int \_\_\_\_\_

Ref \_\_\_\_\_

DCFS \_\_\_\_\_

Convictions \_\_\_\_\_

RSO \_\_\_\_\_

Driver \_\_\_\_\_

Approve \_\_\_\_\_

CONFIDENTIAL INFORMATION

U of I EXTENSION VOLUNTEER APPLICATION

(To be completed by Master Gardener volunteers in University of Illinois Extension)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Date of birth: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call \_\_\_\_\_  
Month/Day/Year

Race (select 1 or more): \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ 2 or more races \_\_\_\_\_ Other race \_\_\_\_\_

Ethnicity (select 1): \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Residence: \_\_\_\_\_ Town under 10,000 or rural non-farm \_\_\_\_\_ Town/City of 10,000-50,000 \_\_\_\_\_ Farm \_\_\_\_\_ Suburbs of a city of over 50,000 \_\_\_\_\_ City with population over 50,000

REFERENCES: List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment, or volunteer-related work. Include complete addresses. **Make sure to indicate if the letter should be in Spanish.**

Personal/Character Reference:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
Street, R.R. #, Box #, Apt # City State Zip

Work or Volunteer Reference:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
Street, R.R. #, Box #, Apt # City State Zip

Family Member Reference:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
Street, R.R. #, Box #, Apt # City State Zip

Will you be driving a motor vehicle as part of your volunteer agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, a copy of your valid driver's license and proof of liability insurance must be on file in the University of Illinois Extension Unit Office.

BACKGROUND SCREENING INFORMATION:

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 application. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Have you lived in another state other than Illinois in the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a separate sheet indicating state where you have lived during the last seven years including dates.

I, authorize the University of Illinois to contact listed references, a national background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, 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 University of Illinois Extension employee of the unit for which I am volunteering (e.g., County Director).

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

**MASTER GARDENER/MASTER NATURALIST VOLUNTEER QUESTIONS:**

Why do you want to become a University of Illinois Extension Master Gardener/Master Naturalist?

Have you had any previous affiliations with the University of Illinois and/or Extension? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for classroom training during regular daytime business hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to volunteer time during regular daytime business hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been in another Master Gardener/Master Naturalist program? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where and when:

Have you been a volunteer in another Extension program? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where and when:

**Describe your present and previous work experience: (List current or most recent experience first.)**

EMPLOYER	JOB TITLE	YEARS

**Describe volunteer roles with any other community groups: (List current or most recent experience first.)**

ORGANIZATION	VOLUNTEER ROLE	YEARS

**List skills, training and education:**

There are many opportunities for volunteering in different programs. At this time you may be unsure about how you may volunteer. Please check all activities that interest you:

- \_\_\_\_\_ Talk to children about natural areas, environmental issues, conduct workshops, or interpretive tours with youth
- \_\_\_\_\_ Help develop/maintain demonstration areas
- \_\_\_\_\_ Assist with area restorations, plant control, collection of native seeds, plant propagation
- \_\_\_\_\_ Serve on programming or advisory committee
- \_\_\_\_\_ Assist with inventories
- \_\_\_\_\_ Serve as reference librarian
- \_\_\_\_\_ Write newsletter articles or news releases
- \_\_\_\_\_ Other \_\_\_\_\_

If you are accepted into the Master Gardener/Master Naturalist Program and you successfully complete the minimum hours of training, do you agree to fulfill the required hours of volunteer service in approved activities within 2 years following? Yes \_\_\_\_\_ No \_\_\_\_\_