INDICATE VOLUNTEER AREA: 4-H / Youth Master Gardener_ Master Naturalist____ Money Mentor ____ OTHER:_



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)

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			E-mail:
(10	be completed by master c		dunteers in oniversity of minors Extension

Name:						
Last		Middle	•			
Address Str	eet	City			State	Zip
			_			•
Date of birth:	Month/Day/Year	Phone: Day	Even	ing	Best time to ca	all
Native Ethnicity (sele Gender: Male	or more):WhiteB Hawaiian/Pacific Islander ect 1):Hispanic or Latino Female Town under 10,000 or rural	2 or more races	Other r nic or Latino	ace		
over 50,000	City with population over	50,000	·····, ···,			
employment, o	5: List three persons we may conta r volunteer-related work. Include or racter Reference:					
			Dł	one:		
ADDRESS: _	Street, R.R. #, Box #, Apt #	City	State	Zip	Spanish Letter?	YES
Work or Volur	teer Reference:	,		·		
			Dł	one:		
ADDRESS: _	Street, R.R. #, Box #, Apt #	City	State	Zip	Spanish Letter?	YES
Family Mansh	n Deferrer en					
Family Membe						
NAME:			Pr			
ADDRESS: _	Street, R.R. #, Box #, Apt #	City	State	Zip	_ Spanish Letter?	YES
	ving a motor vehicle as part of you insurance must be on file in the L	r volunteer agreeme	ent? Yes	No If yes,	a copy of your valid dri	ver's license and
Have you ever	D SCREENING INFORMATION: been convicted of a criminal offen qualify an application. A convictio					
	in another state other than Illinois where you have lived during the I			_ No If	yes, please attach a se	parate sheet
	Iniversity of Illinois to conduct a crimina al Sex Offender Register, and other so		id check, a DCFS	Child Abuse and	Neglect Tracking System (CANTS) background
application is cau	I must be officially accepted before be use for rejection as an Extension volunt ailure to comply with the rules may lead	eer. I agree to fulfill th	e responsibilities of	of this volunteer p		
Minors Policy, ind	o complete Protection of Minors training cluding manda0ted reporting to the Univ lunteering (e.g., County Director).					
Signature:				Date:		

Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture and the Associate Dean and Director, University of Illinois Extension. University of Illinois Extension provides equal opportunities in programsand employment. REV 04/19

MASTER GARDENER VOLUNTEER QUESTIONS:

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

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 for classicorn training during regular daytime business flours: res floo
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 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:

- Working with youth in small groups presenting a lesson or in the garden
- Help develop/maintain demonstration areas
- Presenting to adults
- _____ Serve on programming or advisory committee
- Mentoring adults in a garden setting
- _____ Serve as reference librarian
- Working with other abled individuals in small groups

If you are accepted into the Master Gardener Program and you successfully complete the minimum hours of training, do you agree to fulfill

the require 60 hours of volunteer service in approved activities? Yes_____ No_____