



**MASTER
GARDENER**
UF UNIVERSITY of
FLORIDA
IFAS Extension

531 N. Military Trail
West Palm Beach, FL 33415-1311
Phone: (561) 233-1759
Fax: (561) 233-1782
<http://mastergardener.ifas.ufl.edu>

Florida Master Gardener Volunteer Application

Citizens interested in volunteering for the UF/IFAS Extension Florida Master Gardener program must complete this application. Acceptance is contingent on return of this form to your county Extension office for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

General Information

Name: _____ Male Female

Mailing Address: _____

City: _____ County: _____ Zip: _____

How long have you lived at this address? _____ years _____ months

(If less than five years, attach a sheet listing all previous addresses for the past five years.)

Day phone: _____ Evening phone: _____

E-mail address: _____

List **work** experience during the past 5 years, with most recent experiences first. Add a page if needed.

Employer	Position/Title	City/State	Years



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List *volunteer* experience during the past five years, with current or most recent experiences first. Identify work with youth and community groups. Add a page if needed.

Organization/Group	Role/Title	City/State	Years

Personal Interest

Why are you interested in volunteering?

References

List three references who have knowledge of your qualifications but who are not related to you.

Name	Mailing Address	Phone



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Have you ever pled no contest or guilty to a criminal offense or have you been convicted and/or had adjudication withheld for a criminal offense within the past seven years? Yes No
If yes, explain:

Have you ever pled no contest or guilty to a criminal offense or have you been convicted and/or had adjudication withheld for a criminal offense involving a minor (including a deferred imposition of sentence?) Yes No
If yes, explain:

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida IFAS Extension Service to request information for conducting a background check and to contact references. I authorize a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature

Date

Date of Birth

Driver's License Number (State)

Thank you for your application. Return the application to the county Extension office at your earliest convenience.