



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

107 Mehrhof Hall  
PO Box 110675  
Gainesville, FL 32611-0675  
Phone: (352) 273-4521  
Fax: (352) 392-1413  
<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 been accused or convicted of a criminal offense in the past seven years? Yes  No   
If yes, explain:

Have you ever been accused or convicted of a crime 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.



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UF/IFAS Extension  
Background Screening Form

Volunteers who want to work with youth or in some cases all volunteers of a county University of Florida IFAS Extension Master Gardener program must complete this background screening form. Acceptance as a volunteer or the ability to work with youth on a regular basis is contingent on return of this form to the County Extension Office for submission and clearance through the appropriate screening process. These processes are in place to help ensure the safety and well-being of all Extension program participants.

**This document will be destroyed upon completion of the volunteer background screening**

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

Print Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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