



MASTER COMPOSTER VOLUNTEER APPLICATION

Application Deadline: Friday, February 19, 2021

Complete this fillable PDF, save the file, and email to Adam Michaelides at acm1@cornell.edu or print, fill out and return to the Compost Education Program, CCE-Tompkins, 615 Willow Avenue, Ithaca, NY 14850

If a response requires more space than is provided, please use the Additional Space for Application Responses section on the third page. Complete **all three pages** to be considered for the Program. Call the "Rotline" (607) 272-2292 or email Adam at acm1@cornell.edu with any questions. Thank you in advance for your interest in the Master Composter Program.

Name: _____ Day Phone: _____
 Email: _____ Evening/other Phone: _____
 Preferred Communication: email phone text Cell Phone: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Date of Application: _____ Birthdate if under 18: _____

1. Where did you learn about the opportunity to volunteer as a Master Composter?

2. Have you ever volunteered/worked for Cooperative Extension before: Yes No
 If yes, give dates, program position, County/State

3. List your volunteer, paid or educational experiences related to your application to become a Master Composter volunteer.

Organization / Employer	Position/Activity	Dates

4. For the volunteer, paid or educational experiences that you listed above, please expand upon:
 - a. Any classes in the areas of waste management, natural resources, soil science, etc.

 - b. Formal or informal teaching experiences related to composting or other subjects.

4. Do you compost at home now, or have you in the past? ___ Yes ___ No
If 'yes', what do you compost? What composting system do you use (i.e., type of bin, if any)? How do you use the finished compost?

5. Describe your gardening experience.

6. What skills would you like to develop as a Master Composter?

7. Why do you wish to become a Master Composter?

To obtain certification as a Master Composter, volunteers in training are required to attend the training classes and complete a practical internship. After training, new Master Composters are required to participate in Program-sponsored events and self-directed community outreach activities. (See the [Volunteer Job Description](#) for specifics.) Master Composter trainee selection is based in part on an applicant's ability to fulfill the requirements of the program.

8. Check (√) three of the following Master Composter **training topics** that most interest you.

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|--|--|---|
| <input type="checkbox"/> Compost Basics | <input type="checkbox"/> Effective Teaching | <input type="checkbox"/> Compost Biology/Ecology |
| <input type="checkbox"/> Compost Systems (bins) | <input type="checkbox"/> Community Composting | <input type="checkbox"/> Compost Maturity & Uses |
| <input type="checkbox"/> Compost & Sustainability | <input type="checkbox"/> Compost Science | <input type="checkbox"/> Compost Bin Construction |
| <input type="checkbox"/> Waste Reduction & Recycling | <input type="checkbox"/> Compost's Role in Soils | <input type="checkbox"/> Other (describe below) |

Which one of these would be your first choice?

Comments (optional):

9. Check (√) three of the following **volunteer activities** that most interest you.
 - Plan and teach classes/workshops or give presentations to YOUTH groups
 - Plan and teach classes/workshops or give presentations to ADULT groups
 - General education (give demonstrations and staff displays at local events, help friends, neighbors and coworkers set up and manage compost)
 - Assist with composting at schools or community sites, such as community gardens (build bins, establish compost systems, maintain sites, troubleshoot)
 - Program leadership/development (coordinate events, plan MC training, social media)
 - U Update or develop program resources (write articles, create factsheets or posters)
 - Other ways you hope to contribute (please describe in comments below)

Which one of these would be your first choice?

Comments (optional)

10. Do you speak language(s) other than English? Yes No
 If 'yes', what language(s)? _____ Fluently? Yes No
 Comments (optional): _____

References: List two people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete contact info including mailing addresses.

Name	Email	Phone Number	Mailing Address
1. _____			
2. _____			

11. Do you have an independent and reliable means of transportation to and from classes and volunteer activities? Yes No
 If 'no', please describe. _____

12. Do you require accommodations for a disability? Yes No
 If 'yes', please describe. _____

13. Do you now have, or anticipate, any obligations that may prevent you from fulfilling the volunteer commitment to the Program over the next year? Yes No
 If 'yes', please describe. _____

14. The training deposit amount is \$60. It is returned upon completion of volunteer hours after training. Scholarships are available for candidates of merit. Would you like to be considered for a scholarship? Yes No

General Availability (check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Day <input type="checkbox"/> After School <input type="checkbox"/> Evening	Approximately how many hours per week do you anticipate volunteering? ____	What age group do you prefer to work with? <input type="checkbox"/> Youth <input type="checkbox"/> Adults
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*Note: individuals selected to begin Master Composter training will fill out additional paperwork at the start of training. This will be explained in more detail during the interview.

ADDITIONAL SPACE FOR APPLICATION RESPONSES AND ADDITIONAL COMMENTS (OPTIONAL)