



Master Gardener Transfer Request Form

Member in Good Standing

Applicant's Name: _____

Original Year of Certification: _____

Address: _____

Phone: _____

Email Address: _____

Instructions for the Applicant:

This form must be forwarded to the Master Gardener Association the member is transferring **from** for verification of active membership status, statement of volunteer and continuing education hours, and background checks status. Send this completed, signed form to the agent of the county the member is transferring **to** for approval of transfer.

Do NOT transfer the volunteer in VMS or set up a new record. The transfer within the VMS system must be done by the state VMS Coordinator, Nicky Maddams upon receipt of this form. Creating new profiles will create issues in the database. ***PLEASE NOTE: Hours do not transfer with the Master Gardener. They stay in the county in which they were served as they have been reported to state and federal agencies for that county. One cannot then have these hours reported in the new county as well as this would lead to double-dipping.**

I certify that the Master Gardener above is an active, currently certified member in good standing in _____ County Master Gardener Association in the state of _____. This member has completed _____ volunteer hours and _____ continuing education hours during the current calendar year. The member has a current background check performed by _____ which will expire in _____, 20____.

Signature of Current County Extension Agent

Date

Signature of Agent Accepting Transfer

Date