



# 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.

The transfer within the VMS system must be done by the state VMS Coordinator, Nicky Maddams upon receipt of this form. **\*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.**

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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