

Co. Supvr. Dist.: _____

Date: _____



Milwaukee & Waukesha Counties UW-Extension MGV Program Master Gardener Volunteer Personal Data Sheet

Name _____

As you want it to appear on your SEWMG Name Tag

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Please provide only home and cell numbers that you want us to use to contact and publish in the SEWMG Directory.

Work Phone (_____) _____ *We do not publish work numbers in the Directory.*

Email Address _____

If you currently work in the horticulture industry, please complete the following:

Company Name _____

Location _____ Job Title _____

SouthEast Wisconsin Master Gardener (SEWMG) Directory Information

I want to have my address, phone numbers (home and/or cell as listed above), and email information listed in the SEWMG Directory, which is distributed only to Master Gardeners in the Milwaukee and Waukesha MGV program.

Yes No

Voluntary Racial / Ethnic / Gender Data

As an EEO/AA employer, UW-Extension strives to provide programs and employment opportunities without discrimination. To help us improve our civil rights efforts, please complete the following. This information will only be used by UW-Extension for the express purpose of civil rights compliance. Please check one in each category.

Race: Asian African Am. Am. Indian/Alaska Native Hawaiian/Pacific Islander
 White Other Race Two or More Races

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Gender: Male Female

State Required Disclosure

Under the Wisconsin Public Records Law, UW-Extension ordinarily must release lists in its custody to the public upon request. Your name, address, and phone number(s) may be included on such a list unless you request confidentiality in writing. The UW-Extension will, to the extent possible under the Wisconsin Public Records Law, withhold client names from lists when requested. If you want your name, address, and phone number(s) withheld from lists that are released upon request, please sign and date the following statement:

"I do not want the University of Wisconsin-Extension to reveal my name, address, or phone number(s) to the public as part of a record or list."

Signed _____

Date _____