



WSU Master Gardener Volunteer Application

I wish to become a WSU Master Gardener volunteer and would like to be accepted into the Washington State University Extension training program. I understand that in order to participate in the WSU Master Gardener Program, I will be expected to attend all training sessions and commit a minimum of 60 hours of volunteer service. I also understand that I will be a volunteer staff member of WSU Extension, and as such, I will do my best to offer WSU approved recommendations and advice. I agree to become familiar with, and abide by, WSU Extension policies regarding my conduct as a Master Gardener volunteer.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

Please print or type:

Legal Name _____
Last First Middle

I prefer to use the nickname _____ Home Phone _____

Mailing Address _____ Work Phone _____

Street Address _____ E-mail _____

City _____ State _____ ZIP _____

Do you have special needs (e.g. hearing, mobility, diabetic, heart condition, etc.) while participating in the training or which would limit your activities as a Master Gardener volunteer? Please list and indicate type of assistance needed or restrictions on activities.

Transportation: Have use of a car Rely on others Use public transportation

Please give the name of person(s) who should be contacted in case of emergency:

(1) Name _____ Relationship _____

Address _____ Phone _____

(2) Name _____ Relationship _____

Address _____ Phone _____

Training/Education: Please check levels you have achieved.

Elementary Jr. High High School Years of College & Areas of Study _____

Post Graduate Degree _____

Continuing Education/Advance Studies _____

Work Status: Please indicate your current work status or expected work status for the coming year:

Full Time Part time Shift work Self employed Student Retired Not working outside the home

Work, Educational or Volunteer Experience: List current or most recent experience first:

<u>Employer or Organization</u>	<u>Position Title or Volunteer</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subject Matter Background: List any additional training, experiences, specialization, or skills related to gardening, horticulture, botany, environmental science, composting, recycling, etc.

Society, Professional or Organizational affiliations: _____

Additional Skills, Interests or Experience: We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check the items below which will add to your effectiveness as a WSU Extension volunteer.

- | | | |
|--|---|--|
| <input type="checkbox"/> Graphics, illustration, artwork | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Public relations, marketing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public speaking, teaching | <input type="checkbox"/> Secretarial experience |
| <input type="checkbox"/> Woodworking or other crafts | <input type="checkbox"/> Writing, editing newsletters | <input type="checkbox"/> Bookkeeping experience |
| <input type="checkbox"/> Librarian skills | <input type="checkbox"/> Historian skills | <input type="checkbox"/> QuickBooks version _____ |

Other hobbies or interests: _____

Computer access and skills: Much of the training and some of the research required to serve Master Gardener Plant and Insect Clinic clients requires the use of a computer.

- Do you own a computer? _____
If yes, do you have high-speed internet access? _____
Do you own a Mac or PC?
If you own a PC, what operating system are you using? Windows XP Windows 7 Windows 8
- Are you familiar with the computer and comfortable using it to search for information? _____
- If you do not own a computer or have dial-up connection to the internet, are you willing to access a computer at a public library or at the Lewis County Extension office during business hours? _____
- If you do not know how to use a computer at this time, are you willing to work with a Master Gardener training partner or someone else knowledgeable about computers to access the training information?

Working with youth: In your Volunteer Educator role, with whom do you prefer to work? Please check all that apply:

Elementary age youth Teens Adults Any

If you prefer to work directly with youth, what grade level(s) do you prefer? Please check all that apply:

Primary (K-2) Junior (Grades 3-5) Intermediate (Grades 6-8) High School (Grades 9-12)

Languages: if you are able to speak, read, or write a language other than English, please list below:

Language: _____ Speak fluently Read Write Interpret

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Language: _____ Speak fluently Read Write Interpret

Why do you want to become a Master Gardener?

How did you hear about this volunteer program? _____

Have you ever been an extension volunteer? Yes No If yes, which program and when: _____

Where: _____
City County State

Training Program Information:

For 2015, Master Gardener training sessions are held on the third Tuesday of each month from 9:00 a.m. to 4:00 p.m. from January 20 through December 15, 2015. Can you attend all of the classes? Yes No
If not, which days will you miss? _____

Are there days or times you know you will not be available for volunteer service during the year (e.g. job, vacation, other commitments)? List dates if known:

Are there any volunteer activities in which you are unwilling or unable to participate (public speaking, office work, working one-on-one with plant clinic clients, physical work in demonstration gardens, etc.)? If yes, please list:

Can you, and are you willing, to volunteer 60 hours throughout the training year and do you plan to complete recertification requirements each year thereafter to retain the title of "Certified Master Gardener"?

Yes No - If no, please explain: _____

Please accept my application to become a WSU Master Gardener.

Signature _____ Date _____

The attached forms must be completed and returned with this application form. They include:

- (1) Applicant Criminal History Disclosure Form
- (2) Pest Control Recommendation Contract

Applications may be mailed to:

Art Fuller c/o WSU Extension Master Gardeners
351 Northwest North Street
Chehalis, WA 98532

For questions or additional information, contact Art Fuller at (360) 740-1216 or e-mail art.fuller@lewiscountywa.gov.