

Washington State University Extension
Volunteer Application Form
PART A

WSU Master Gardener Program Application for _____ County Extension
Please complete parts A and B and return to your WSU County Extension office.

Name:

_____ (First) (Middle) (Last) (Maiden)

Mailing Address:

_____ (Street) (City) (Zip)

Length of time at this address (years): _____

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Email Address:

Date of Birth (MM/DD/YY): _____

Please list any times you would not be available for volunteer work (work schedules, anticipated trips, other commitments)

Training/education completed

- High school
- Technical/trade school (major studies) _____
- 2-year community college (major studies) _____
- 4-year college (major studies) _____
- Horticulture degrees, training, or certifications (specify) _____

Please describe your horticulture and gardening experience (any personal, volunteer, or work experience):

How many years of experience? _____

Specific horticulture expertise (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Annuals | <input type="checkbox"/> Herbs | <input type="checkbox"/> Propagation |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Houseplants | <input type="checkbox"/> Greenhouses |
| <input type="checkbox"/> Roses | <input type="checkbox"/> Fruit trees | <input type="checkbox"/> Container gardening |
| <input type="checkbox"/> Lawns | <input type="checkbox"/> Berries and grapes | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Ornamental grasses | <input type="checkbox"/> Trees and shrubs | <input type="checkbox"/> Plant diseases |
| <input type="checkbox"/> Native plants | <input type="checkbox"/> Pruning | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Wildlife habitat | <input type="checkbox"/> Soils | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Composting | <input type="checkbox"/> Water gardens |

Please list your affiliations related to horticulture:

What is your volunteer experience in the community?

Other skills, interests or experience (please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Drawing/illustrating | <input type="checkbox"/> Research/data collection |
| <input type="checkbox"/> Website development | <input type="checkbox"/> Writing/publishing | <input type="checkbox"/> Public speaking/teaching |
| <input type="checkbox"/> Artwork/displays | <input type="checkbox"/> Proofreading | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Marketing/fundraising | <input type="checkbox"/> Other _____ |

Please provide specific information on any of the above:

Why do you wish to become a WSU Master Gardener volunteer?

Do you have health or medical conditions or other ADA requirements we need to accommodate for training? Please explain.

If you are able to speak, read, or write a language other than English, please list (including American Sign Language).

Any other information about yourself you would like us to have?

Photo/Video Release

In the event your picture is taken during a Master Gardener event, do you give WSU permission for that picture or video sequence to be used in WSU brochures, publications or websites? Please check one of the boxes below.

- Yes - I DO** give Washington State University permission to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am representing WSU Extension Master Gardener Program as a Trainee, Intern, or Certified Master Gardener Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

- NO - I DO NOT** give Washington State University permission to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am representing WSU Extension Master Gardener Program as a Trainee, Intern, or Certified Master Gardener Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

Applicant Signature: _____

Date: _____

Page intentionally left blank.

WSU Extension Volunteer Application Form

PART B

Background Disclosure – this information is required of ALL potential volunteers in WSU Extension Programs and is kept confidential and in a locked cabinet in your local extension office.

Name:

(First)	(Middle)	(Last)	(Maiden)
Former Name(s)		Legal or Preferred Name(s)	
Date of Birth (MM/DD/YY)		Driver's License Number/State	

Answer YES or NO to each listed item. If the answer is YES to any item, please explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

Have you ever been convicted of a misdemeanor or a felony?

Yes No If yes, please give date, nature, and disposition of offense.

Has anyone living at your residence been convicted of a misdemeanor or a felony?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of any crime against children or other persons?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found in any final disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

Personal References

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name:

	Relationship	Home Phone	Work Phone	Email
Address:				
(Street)	(City)		(State)	(Zip)

Name:

	Relationship	Home Phone	Work Phone	Email
Address:				
(Street)	(City)		(State)	(Zip)

Name:

	Relationship	Home Phone	Work Phone	Email
Address:				
(Street)	(City)		(State)	(Zip)

I authorize the contact of listed references and understand that a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature:

Date:

After completion, please return parts A and B of this volunteer application form to:

WSU Extension - JeffCo. Master Gardener Program Attn: Sarah Fairbank: 201 West Patison - Port Hadlock, WA 98339