

WASHINGTON STATE UNIVERSITY
EXTENSION
VOLUNTEER APPLICATION FORM
(To be completed by all potential Volunteers)

I. GENERAL INFORMATION

Name: _____
(First) (Middle) (Last) (Maiden)

Mailing Address _____
(Street) (City) (Zip)

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

Email: _____

Length of time at this address (years): _____

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

Driver's License Number (optional) _____

Please return form by December 11, 2009 to:
WSU Stevens County Extension
985 S Elm Suite A
Colville, WA 99114

Persons with a disability requiring special accommodation while participating in this program may call WSU Stevens County Extension, 509-684-2588. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site. Extension programs and policies are consistent with federal and state laws regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local Extension office.

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)

Horticulture and gardening experience (any personal, volunteer or work experience)

How many years experience? _____

Specific horticulture expertise: (please check all that apply)

- | | |
|--------------------------|---------------------------|
| _____ annuals | _____ trees and shrubs |
| _____ perennials | _____ pruning |
| _____ roses | _____ soils |
| _____ lawns | _____ composting |
| _____ ornamental grasses | _____ propagation |
| _____ native plants | _____ greenhouses |
| _____ wildlife habitat | _____ container gardening |
| _____ vegetables | _____ insects |
| _____ herbs | _____ plant diseases |
| _____ houseplants | _____ weeds |
| _____ fruit trees | _____ landscape design |
| _____ berries and grapes | _____ water gardens |

Affiliations related to horticulture

Volunteer experience in the community

Other skills, interests or experience

- | | |
|---|---|
| <input type="checkbox"/> computers | <input type="checkbox"/> writing//publishing |
| <input type="checkbox"/> website development | <input type="checkbox"/> proofreading |
| <input type="checkbox"/> artwork, displays | <input type="checkbox"/> marketing/fundraising |
| <input type="checkbox"/> photography | <input type="checkbox"/> research/data collection |
| <input type="checkbox"/> drawing/illustrating | <input type="checkbox"/> public speaking/teaching |
| | <input type="checkbox"/> other _____ |

Specific information on any of the above skills: _____

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

Do you have a health or medical condition that 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?

6. Found in any 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.

ANSWER _____ IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

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
Address: _____

(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone
Address: _____

(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone
Address: _____

(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand 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: _____

If anything in this application changes, let the local WSU Extension office know.

4. PAYMENT/RELEASE FORM

WSU Stevens County Master Gardener Class Fee **\$80.00**
(Tuition fee \$30.00 and Online Modules \$50.00 – to be paid separately. Both required.)

Optional Printed Reference **\$30.00**

I wish to become a WSU Master Gardener in Stevens County. I have read the Master Gardener Volunteer job description and can fulfill all the requirements. If enrolled in the program, I agree to attend ALL training sessions. I will volunteer a minimum of 40 hours of volunteer service and will complete 10 hours of continuing education per year to achieve and maintain Master Gardener certification. I understand a fee is administered to cover part of the cost of materials provided along with 40 hours of volunteer time.

Signature _____

Date _____

Payment due upon acceptance into the program.

Media Release

I hereby grant permission to be photographed, without compensation, by Washington State University, understanding that the same is intended for publication by print media, newspaper, television, video or motion picture.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, video, or motion pictures of photographs taken of me.

Evaluations

I understand that youth and adult participants at meetings, events, and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

Training

If accepted as a WSU Volunteer in the Master Gardener Program, I agree to complete the basic orientation and training program required of all WSU Master Gardener Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Signature

Date