



August 1, 2017

Dear Prospective Volunteer,

Thank you for your interest in the WSU Master Gardener Program of Chelan/Douglas County! WSU Master Gardeners are grassroots volunteer educators who teach sustainable landscape management and environmental stewardship.

Have you always wanted to learn more about gardening, meet new people and make a difference in the community? Then the WSU Master Gardener program may be just what you're looking for. When volunteers who have been with the program for a number of years were asked, "What do you like best about being a WSU Master Gardener volunteer?", the most popular answer was, "I learn something new every time I participate in a WSU Master Gardener activity." The second answer was, "Meeting new people and friends with similar interests as me." Master Gardeners have fun, learn new things, and meet new friends all while giving back to their communities. It's a win, win.

The first step in becoming a WSU Master Gardener is taking Basic Training, which is a horticulture series offered as a combination of online and in class training sessions. The online portion is done from a computer using a platform called Blackboard to read chapter assignments, view PowerPoint presentations and videos, and complete crossword puzzles and fill in the blank worksheets. The in class sessions are held once a week and are meant to solidify what you learn online, while allowing time for you to become accustomed to the program's projects and volunteers.

Important Dates:

Applications Due: October 6, 2017.

Interviews: Weeks of Oct 23 and 30, 2017.

Program Acceptance: week of November 13, 2017.

Online Program registration opens: Nov. 24, 2017

Online Program registration deadline: December 15, 2017.

The process of becoming a WSU Master Gardener is a rewarding, but time-consuming endeavor. Classes will begin in January and likely run through April. The in class sessions will most likely be held on Tuesdays in Wenatchee from 9 AM – 12 PM. The cost of the training is \$175. After completion of the training, a 100 hour internship is required to become a certified WSU Master Gardener. Students who complete the course and the internship serve the community as home-garden horticulture advisors and earn the title WSU Chelan/Douglas County Master Gardener.

Please contact me directly at 667-6540 or via e-mail at jgmarquis@wsu.edu with questions.

I look forward to meeting you.

Kind Regards,
Jennifer Marquis, Coordinator
WSU Master Gardeners
WSU Chelan County Extension

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

Revised 08/2016



Chelan/Douglas County

Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

**Washington State University Extension
Master Gardener Program
Volunteer Application**

WSU Master Gardener Program Application for Chelan/Douglas County Extension

****Note that to become a WSU Master Gardener you must be 18 years of age or older. Are you 18 years of age or older? Yes_____ No_____**

Please complete parts A and B and return to your local WSU County Extension office.

PART A:**Name:**

(First)

(Middle)

(Last)

(Maiden)

Mailing**Address:**

(Street)

(City)

(Zip)

Phone: Day: () _____
 Eve: () _____

Best Time to Call: _____
 Best Time to Call: _____

Email Address:

Please list the 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) _____

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

Years of horticulture and gardening 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 |

List your affiliations related to horticulture:

List 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 the above checked categories:

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

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.[illegible]**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.

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Applicant Signature:

Date:

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WSU Extension Volunteer Application

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. Please note that a background check may be conducted on all potential volunteers.

Name:

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

Former Name(s)/Alias	Legal or Preferred Name(s)

Date of Birth (MM/DD/YY)	Driver's License Number/State

Email Address	Phone Number

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.

Have you ever been convicted of a crime(s) against children or other persons?

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

Have you ever been convicted of a crime(s) 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 a crime(s) related to drugs?

☐ 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.

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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 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.

State Law Requirements:

The Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.845) requires employers ask applicants to disclose specific information about any convictions for crimes against persons, crimes relating to financial exploitation, and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons, or vulnerable adults as defined by the law.

I, _____, hereby authorize Washington State University to investigate my background for purposes of evaluating whether I am qualified for a position with duties involving unsupervised access to children under the age of sixteen and vulnerable adults as defined in the Revised Code of Washington 43.43.840-43.43.845. I understand that Washington State University will utilize an outside firm(s) to assist them in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may not withhold my permission and that in such case, no investigation will be done, and my application will not be processed further.

Signature: _____ Date: _____

Certification of Criminal History Outside of the State of Washington

I certify, under penalty of perjury that I have not been convicted of any of the above listed crimes or had findings against me concerning that above listed proceedings outside of the State of Washington.

Signature: _____ Date: _____

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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 Washington State University Extension to contact the 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.

Signature: _____

Date: _____

**After completion, please return parts A and B of this volunteer application form to:
WSU Chelan/Douglas County Master Gardener Program.**

Jennifer Marquis
WSU Chelan County Extension
400 Washington St.
Wenatchee, WA 98801

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