



Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION



Volunteer Application

****Due to Proclamation 21-14.1, WSU Extension staff, faculty, and volunteers must provide proof of their COVID shot(s) or a WSU-approved religious or medical exemption.**

Can you provide proof of either of these? Yes _____ No _____

Name:

(First)

(Middle)

(Last)

(Maiden)

Nickname (opt.)

Mailing

Address:

(Street)

(City)

(Zip)

Phone: Day: (____) _____

Eve: (____) _____

Cell: (____) _____

Best Time to Call: _____

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) _____
- ☐ Graduate/Post-graduate _____
- ☐ Horticulture degrees, training, or certifications (specify) _____

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

Years of horticulture and gardening experience: _____

Specific horticulture experience: (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; be specific about length of service and about your roles and responsibilities:

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)

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

[illegible]

Any other information about your skills and abilities you would like us to have?

Photo/Video Release

In the event your picture is taken during a WSU 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 the WSU Extension Master Gardener Program as a Trainee 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 the WSU Extension Master Gardener Program as a Trainee or Certified Master Gardener Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

Personal References & Emergency Contact(s)

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:			Yes	No
First	Last	Relationship	Emergency contact	
Contact Information:				
Home Phone		Work Phone	Email	
Address:				
(Street)	(City)	(State)	(Zip)	

Name:			Yes	No
First	Last	Relationship	Emergency contact	
Contact Information:				
Home Phone		Work Phone	Email	
Address:				
(Street)	(City)	(State)	(Zip)	

Name:			Yes	No
First	Last	Relationship	Emergency contact	
Contact Information:				
Home Phone		Work Phone	Email	
Address:				
(Street)	(City)	(State)	(Zip)	

Background Checks

After receipt of the training fee, you will receive an email from TheAdvocates@sterlingvolunteers.com asking you to initiate a background check using Sterling Volunteers—a third party vendor used by Washington State University.

I authorize Washington State University Extension to contact the listed references and understand that a criminal background is required 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: _____

Applications may be returned to the Lewis County Extension office at 17 SW Cascade Ave., Chehalis, WA 98532; mailed to 351 NW North St., Chehalis, WA 98532; or submitted via email at jason.adams@lewiscountywa.gov

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 Patrick Shults at patrick.shults@lewiscountywa.gov at least two weeks prior to the beginning of training.

Volunteer Expectations Agreement

Washington State University Extension appreciates your commitment to share your knowledge, experience, and enthusiasm with the Master Gardener (MG) program and trusts that this partnership will be mutually fulfilling during the time you serve in this capacity.

WSU Extension Volunteer Expectations are in place to insure the safety and well-being of all participants. A volunteer's involvement as a Master Gardener is a privilege and a responsibility. Please read and initial the following expectations of MG volunteers.

- _____ Represent WSU Extension and the MG program with dignity and pride.
- _____ Treat others in a courteous, respectful manner, and serve as a positive role model for our community.
- _____ Work respectfully and cooperatively with WSU Extension staff, program partners, and volunteers.
- _____ Abide by policies and guidelines of WSU Extension and the Lewis County MG program.
- _____ Promote a spirit of inclusion and a welcoming environment for all volunteers.
- _____ Accept supervision and feedback from the Program Coordinator and Lewis County Extension Director.
- _____ Uphold an individual's right to dignity, self-development, and self-direction.
- _____ Refrain from abusing any participant physically or verbally and report such abuse, if observed.
- _____ Operate tools, machinery, vehicles, and other equipment in a safe and responsible manner.
- _____ Handle fundraising and finances in an ethical manner according to the policies set forth by the Master Gardener Foundation of Lewis County.
- _____ Refrain from profanity, harassment, bullying, divisiveness, or other disruptive and offensive behavior.
- _____ Refrain from using alcohol and other drugs in an illegal or inappropriate manner.
- _____ Comply with equal employment opportunity and nondiscrimination laws.
- _____ Refrain from deliberately excluding other volunteers from online communication or any activities that are available to other volunteers.

I read, understand, and agree to the above expectations. I understand and agree that any action on my part deemed by the Program Coordinator or Extension Director to contradict any portion of this agreement is grounds for corrective action or termination of my volunteer status in the WSU Master Gardener Programs of Lewis County.

Print Name _____

Signature _____ Date _____

Membership Opt-In Form



Dear Lewis County Master Gardeners & Trainees,

The Master Gardener Foundation of Lewis County (MGFLC) is a 501(c)3 organization formed to support and promote the Master Gardener Program in Lewis County. Our membership is comprised of WSU Master Gardeners and trainees in good standing.

Through education, community outreach, and facilitating an exchange of ideas, information, and expertise among members, our Foundation's activities include:

- Promoting public interest in gardening and home horticulture.
- Raising funds to support and enhance the Lewis County Master Gardener program.

Benefits include:

- Support of your continuing education (CE) requirements through our monthly programs.
- Voting rights for Foundation officers, budgets, and other MGFLC-related matters.
- Enjoying potlucks, picnics, garden tours, and other fun social events with other MGFLC members.
- Attending the Annual MGFLC Meeting and Awards Banquet.
- Promoting the continued success of the Lewis County Master Gardener Program!

Obligations of Foundation members are to:

- Dress and act in a professional manner.
- Exercise personal integrity.
- Uphold and follow Foundation policies, rules, and procedures.
- Work as a team member.
- Complete tasks assigned to you.

Though we would love to have you become a member of the MGFLC, we cannot automatically enroll you as a member because the state requires you to "opt-in" in writing. **(MGFLC membership is free and NOT required to be an active Master Gardener.)**

As a Master Gardener or Trainee, do you wish to become a member of the MGFLC?

- ☐ **Yes**, I wish to become a member of the Master Gardener Foundation of Lewis County!
- ☐ **No**, I do not wish to join the Master Gardener Foundation of Lewis County at this time. I waive my right to vote on MGFLC-related business and enjoy the benefits offered exclusively to MGFLC members until I choose to opt-in in writing.

Print Name: _____

Signature: _____ Date: _____



WSU Extension Master Gardener Volunteer Pest Management Recommendations Agreement

Protection of the environment and human health concerns everyone. In order to reduce the misuse of pesticides and to promote safe and effective pest management methods, Washington State University (WSU) Extension Master Gardeners are required to subscribe to the following policies. This agreement will serve as a formal basis for Master Gardener involvement in pest management recommendations.

1. I understand that as a WSU Extension Master Gardener my pest management recommendations must be limited to home, lawn, and garden problems. Questions concerning commercial crop production, commercial pest management, aquatic weed management, and pesticide liability are to be referred to the county Extension Educator.
2. I understand that as a WSU Extension Master Gardener, I may only recommend a chemical for home and garden pest management if that use has been recommended by WSU. WSU Recommendations of chemicals registered for home and garden use only are contained in Hortsense and current WSU Extension publications. All pest or crop/site uses listed on a pesticide label are not necessarily recommended by WSU.
3. I understand that as a WSU Extension Master Gardener, I may **only** recommend biological control organisms or other non-chemical alternatives for home and garden pest management if the recommended use is contained in current WSU Extension publications or other publications recognized as credible by WSU Scientists.
4. I understand that as a WSU Extension Master Gardener, I will provide both chemical and non-chemical pest management recommendations allowing the client a choice of strategies.
5. I understand that pesticides must be applied with care and only to plants, animals, or sites listed on the label and recommended by WSU. When mixing and applying pesticides, all label precautions must be followed to protect the applicator, other persons, and the environment. It is a violation of law to disregard label directions. If there is any apparent conflict between label directions and the pesticide uses suggested by WSU publications, the county Extension Educator must be consulted.
6. I understand that as a Master Gardener, I am not required to be a licensed pest management consultant to recommend pesticides registered for home and garden use only. I further understand that my completion of WSU Extension Master Gardener training is not equal to pesticide licensing.
7. I understand that as a WSU Extension Master Gardener, I am considered a volunteer representative of WSU. Therefore, WSU will assume liability for my pest management recommendations, but **only** if my recommendations are limited to management measures that are both recommended by WSU for home and garden use and listed in the WSU Extension publications or other WSU-approved pest management references.

_____ **Yes, as a WSU Extension Master Gardener, I will subscribe to the above requirements.**

_____ **No, I cannot subscribe to the above policy, and I understand that I therefore cannot be certified as a WSU Extension Master Gardener.**

Signature _____ Date _____

Print Your Name _____

County _____

Technology Requirements and Computer Experience:

Trainees should have at least some previous computer experience and feel comfortable navigating the internet and using email. They also need access to a computer for extended periods. Some trainees may be more comfortable working together in small groups during the first few modules while becoming familiar with the program. The MG/MRC Program Coordinator might consider assigning computer-savvy mentors to assist trainees who are less familiar with computers upon request from trainees.

Technology	Minimum Requirement
Internet Connection	3Mbit upload minimum (5MBps or higher recommended), 3Mbit download minimum (16MBps or higher recommended)
Internet Speed Test	http://wsu-aoi.speedtestcustom.com/
Operating System	Windows 10 or MAC OS
CPU	Quad core or better 2Ghz or higher (i3/i5/i7 or AMD equivalent)
System Memory	4GB or more
Windows browser requirements	Download the most recent version of Google Chrome or Firefox (free downloads), or use Microsoft Edge. Blackboard no longer supports Internet Explorer. Note: Please ensure that all popup blockers are configured to accept popups from https://learn.wsu.edu , or disable them.
Webcam	720p (recommended) or better (built-in or external)
Microphone	Built-in or external (external headset recommended)