



Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

Washington State University Extension Master Gardener Program Volunteer Application

WSU Master Gardener Program Application for King County

Completed applications must be received via email not later than October 31: king.mg@wsu.edu

There is also a Contact Information form to be completed on-line: <https://extension.wsu.edu/king/gardening/become-a-master-gardener/>

Name:

Email Address:

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

To help us plan for a safe training experience, please answer honestly:

Are you fully vaccinated for COVID-19, defined as two weeks post your final injection? Yes No

The 2022 class will begin on Saturday, January 15, and meet each Saturday through March 26, except for a Sunday class to be held on March 13. **Can you commit to attend each of these class dates? Yes No**
If no, please explain.

Pest Management Recommendations: The term pesticide means a product that kills a pest. That term applies equally to traditional, organic, and Organic Materials Review Institute (OMRI) pesticides. As a WSU-Extension volunteer, you will be expected to provide the public with a full range of information based upon WSU's Integrated Pest Management (IPM) strategy. IPM includes cultural, physical, varietal resistance, and biocontrol as well as labeled pesticides approved by EPA, WSDA, and WSU, when needed. This allows the client to make an informed decision. This policy will be discussed fully during training.

Do you anticipate any problems recommending chemicals and signing an agreement to that effect?

Yes* No

*If you answered "Yes" then you must contact the Master Gardener Coordinator at King.MG@WSU.edu to discuss your concerns. This is a WSU requirement for the protection of WSU and of all volunteers in any program where pesticides (organic, OMRI, or traditional) may be recommended.

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):

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)

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

List your affiliations related to horticulture:

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

| | | |
|---------------------|-----------------------|--------------------------|
| Computers | Drawing/illustrating | Research/data collection |
| Website development | Writing/publishing | Public speaking/teaching |
| Artwork/displays | Proofreading | Other |
| Photography | Marketing/fundraising | Other |

Please provide specific information on the above checked categories:

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

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 the Program Coordinator via email at King.MG@WSU.edu at least two weeks prior to the beginning of training.

Revised 8/2021

List your volunteer experience; be specific about length of service and about your roles and responsibilities:

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

What is your understanding of the Master Gardener Program?

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

Have you previously applied to become a WSU King County Master Gardener? If so, what year?

Have you been to a WSU MG clinic or demonstration garden? If so, please identify location.

Please identify the geographical area or areas within King County in which you would prefer to volunteer:

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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 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.

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 & Contact Information:

First & Last Name: Relationship:
Phone: Email:

Name & Contact Information:

First & Last Name: Relationship:
Phone: Email:

Name & Contact Information:

First & Last Name: Relationship:
Phone: Email:

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 Name/Signature:

Date:

Please type your name in the space above to indicate your agreement with the above paragraph.

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