

Washington State University Extension
Master Gardner Program
Volunteer Application

WSU Master Gardener Program Application for Stevens County Extension

Please complete parts A, B and C and return to WSU Stevens 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:

To Become a WSU Master Gardener you must be 18 years of age or older. Are you at least 18 years of age?
YES ____ NO ____

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) _____

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 Adenea Thompson at 986 S Main, Suite D, 509-684-2588, a.thompson@wsu.edu at least two weeks prior to the beginning of training.

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:

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

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Revised 03/2019

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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) 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.

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.

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.

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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: _____

Personal Information (Please complete all requested fields)

Full Legal Name (Last, First, Middle): _____
Alias/Maiden Names: _____ Date of Birth: _____
Email Address: _____
Telephone Number: _____

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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: _____

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PART C

PAYMENT/RELEASE FORM

WSU Stevens County Master Gardener Class Fee **\$140.00**
(Tuition fee \$65.00 and Online Modules \$75.00 – to be paid separately. Both required.)

Optional Printed Reference (black and white copy printed from your materials) **\$35.00**

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.

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

**WSU Stevens County Extension
Master Gardener Program
986 S Main, Suite D
Colville WA 99114**

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