



# Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

WSU Extension Island County  
406 N Main St.  
Coupeville, WA 98239  
360-639-6060

**WSU Extension Island County Master Gardener Volunteer Program Application**

Please complete this application and give thoughtful consideration to your answers. The information on this application will help determine if you qualify for the program.

**\*\*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**

**Name:**

\_\_\_\_\_

(First)

(Middle)

(Last)

\_\_\_\_\_

(Nickname or preferred name)

**Mailing Address:**

\_\_\_\_\_

(Street)

(City)

(Zip)

**Phone:** (        ) \_\_\_\_\_ **Best Time to Call:** \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Emergency Contact Person:**

\_\_\_\_\_

(Name)

(Relation)

(Phone)

**Please list the times you would **NOT** be available for volunteer work:** (due to work schedules, anticipated trips, other commitments, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Can you commit to attending all training classes that will be held Saturday mornings, beginning in March and ending in late May? If no, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Can you commit to volunteer internship requirements of 60 hours after training?**

\_\_\_\_\_  
\_\_\_\_\_

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 accommodations need to contact the Master Gardener Program Coordinator at 406 N Main St., Coupeville, WA, 98239 or 360-639-6059 or loren.imes@wsu.edu at least two weeks prior to the beginning of training.

**How did you learn about the WSU Master Gardener Program?**

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**Have you been to a WSU Master Gardener clinic, presentation, or demonstration garden?**

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**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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**Years of horticulture and gardening experience:** \_\_\_\_\_

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

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**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:**

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List your volunteer experience in the community; be specific about length of service and about your roles and responsibilities (past and/or present, Island County or elsewhere):

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**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"/> Speak another language than English |
| <input type="checkbox"/> Photography         | <input type="checkbox"/> Marketing/fundraising | <input type="checkbox"/> Other _____                         |

Please provide specific information on the above checked categories:

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

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

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**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.

*Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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<b>Personal References</b>
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**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:			
First	Last	Relationship	
Contact Information:			
Home Phone	Work Phone	Email	
Address:			
(Street)	(City)	(State)	(Zip)

Name:			
First	Last	Relationship	
Contact Information:			
Home Phone	Work Phone	Email	
Address:			
(Street)	(City)	(State)	(Zip)

Name:			
First	Last	Relationship	
Contact Information:			
Home Phone	Work Phone	Email	
Address:			
(Street)	(City)	(State)	(Zip)

- *I authorize Washington State University Extension to contact the listed references.*
- *I understand that a criminal background screening 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: \_\_\_\_\_

**After completion, please submit by this application by email to [loren.imes@wsu.edu](mailto:loren.imes@wsu.edu), or mail to:**

**WSU Extension Island County Master Gardener Program  
406 N Main St.  
Coupeville, WA 98239**

**The deadline for submitting your application is January 1, 2022.**

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