

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

**WSU Master Gardener Program Application for Pend Oreille County Extension**

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:**

**Are you at least 18 years of age? YES NO**  
If no, please explain:

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

**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 **Mike Jensen at 227 S. Garden Ave. Newport, 509 447-2401, [mike.jensen@wsu.edu](mailto:mike.jensen@wsu.edu)** at two weeks prior to the beginning of training.

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

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**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:**

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**List your volunteer experience in the community:**

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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"/> Other _____              |
| <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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**Why do you wish to become a WSU Master Gardener volunteer?**

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

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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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## 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)                                      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.

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**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.

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**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: \_\_\_\_\_

**Personal References**

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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:

|          | 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 Pend Oreille County Master Gardener Program.**

**Mail applications to:**

**WSU/Pend Oreille County Extension  
P.O. Box 5045  
Newport WA 99156**

**Drop off applications to:**

**WSU/Pend Oreille County Extension Temporary Office Trailer  
Corner of Calispel Avenue and First Street  
Newport WA**

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