



Walla Walla County

# Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

## WSU Master Gardener Program Application

Please answer as completely as possible and return by **December 2, 2016**. Late applications will be considered only if space is available.

### Part A

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: Day: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity: Are you of Hispanic ethnicity?  No  Yes

Race:  Caucasian  Native Hawaiian or Pacific Islander  Asian  
 African American  American Indian or Alaskan Native  Prefer Not to State

Current Work Status:  Full Time  Part Time  Shift Work  Retired  Seeking Employment

If working, please list employer, general work schedule, and phone (for office use only):

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Other Work Experience: \_\_\_\_\_

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### Training/education completed:

High school  Technical/trade school  2-year community college  4-year college major studies:

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Horticulture and gardening experience (any personal, volunteer, or work experience):

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**Specific horticulture expertise: (please check all that apply)**

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|---|---|--|
| <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       |

**Volunteer experience in the community:**

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**Other skills, interests or experience:**

- |   |   |
|---|---|
| <input type="checkbox"/> Computers                | <input type="checkbox"/> Marketing/Fundraising        |
| <input type="checkbox"/> Educational displays     | <input type="checkbox"/> Classroom Presentations      |
| <input type="checkbox"/> Photography              | <input type="checkbox"/> Teaching Adult Classes       |
| <input type="checkbox"/> Research/Data Collection | <input type="checkbox"/> Community Presentations      |
| <input type="checkbox"/> Creating Fact Sheets     | <input type="checkbox"/> Speaking to Gardening Groups |
| <input type="checkbox"/> Proofreading             | <input type="checkbox"/> Other _____                  |

**Comments:**

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

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Any other information about yourself you would like us to have?

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**If I am selected as a Master Gardener trainee:**

- I am available to attend all training sessions - usually held on a weekday between 9 a.m. to noon.
- I agree to complete all online course work.
- I agree to complete 50 volunteer hours for the Walla Walla County Master Gardener program.

I am available to volunteer at Master Gardener clinics on:

- Tuesday 9-11 a.m.     Tuesday 2-4 p.m.     Thursday 9-11 a.m.     Thursday 2-4 p.m.

I am available to volunteer at Farmer's Market on Saturdays:

- 8:30 - 11 a.m.     11 a.m. – 1:30 p.m.

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

**Participation as a Master Gardener is contingent on returning application forms, passing a criminal background check and available classroom space.**

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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:*

# 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 as defined in RCW43.43.830?**

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.

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

**After completion, please return parts A and B of this volunteer application form to:  
WSU Walla Walla County Master Gardener Program.**

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 Becki Green at 324 W Poplar Street, Walla Walla, WA 99362, or 509-524-2685, or becki.green@wsu.edu.