



Benton/Franklin County

Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

Dear Prospective Master Gardener,

Thank you for your interest in the 2018 Master Gardener Program. We are excited to have you join us and we look forward to getting to know you! The purpose of the Washington State University Master Gardener Program is to train volunteers to be effective community educators in gardening and environmental stewardship by providing information to the public generated from research at WSU and other universities. Master Gardeners demonstrate a strong volunteer ethic and a deep sense of commitment, coupled with a willingness to learn and to share what they learn. Last year we had 159 Master Gardeners that volunteered over 14,000 hours furthering their own education, working in plant clinics, local schools, demonstration gardens, community gardens, and they had a terrific time doing it!

Master Gardener training is held once a week on Tuesdays afternoons from 12:00pm until 3:00pm beginning January 23 through April 24, 2018. The training covers a variety of topics educating you on basic plant biology, pathology, common gardening issues in our area, and much more. You do not have to be a great gardener to participate, but you will be a better and more knowledgeable gardener when you complete the program. Homework averages 4 to 6 hours per week, is conducted online, and requires access to a computer with internet and email capability.

Training focuses on familiarization with and learning how to use resources to research, educate, mentor and answer horticulture questions for the public, while working with other Master Gardeners in a collaborative environment. All quizzes and the final exam are taken online and are multiple choice and open book. If you don't know the answer to a question, we teach you how to use appropriate university based resources to find the answer.

Tuition for this extensive training program is **\$175 plus a minimum of 50 hours volunteer time** working on designated Benton Franklin County Master Gardener projects. To apply to become a Master Gardener Volunteer, please fill out the enclosed application and submit it to our office no later than **November 10, 2017**. Upon receipt of your application, we will contact you via email to schedule your attendance at a required orientation session during which you will learn more about the Master Gardener Program, the commitment you are making to become a Volunteer Master Gardener Community Educator, and to answer any questions you may have. The orientation sessions will be the week of November 27th. At the orientation session you will receive a packet of information about the program along with all the required administrative forms that you will need to complete and submit and instructions for tuition payment and registering for the online portion of the course. Please do not send payment with your application.

If you have any questions or to receive more information about the Master Gardener Program, please call the Kennewick WSU Extension office at (509) 735-3551 and speak to either Eileen or Heather.

We look forward to receiving your application!

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension office. Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Eileen Hewitt at WSU Benton County Extension, 7102 W. Okanogan Pl., Ste. 102, Kennewick, WA 99336 (509) 735-3551 wsuextension@co.benton.wa.us at least 2 weeks prior to the event.

Washington State University Extension
Master Gardener Program
2018 Volunteer Application

WSU Master Gardener Program Application for Benton and Franklin Counties

Please complete parts A and B and return to the WSU County Extension office in Kennewick.

PART A:

Name:

_____ (First) (Middle) (Last) (Maiden)

Mailing Address:

_____ (Street) (City) (Zip)

Phone:

Home: () _____ **Cell:** () _____

Email Address:

Are you at least 18 years of age? YES _____ NO _____

*** Note that to become a Master Gardener you must be 18 years of age or older.*

Name that you want listed on your name badge: _____

Emergency Contact: _____ **Relationship to you:** _____

Phone Number: _____ **Email:** _____

Please list the times you would not be available for volunteer work: (work schedules, anticipated trips or 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 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/Technology | <input type="checkbox"/> Drawing/illustrating | <input type="checkbox"/> Research/data collection |
| <input type="checkbox"/> Social Media | <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:

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 will be conducted on all potential volunteers.

Name:

(First) (Middle) (Last) (Maiden)

Former Name(s)/Alias Legal or Preferred Name(s)

Date of Birth (MM/DD/YY) Driver's License Number/State

Email Address Phone Number

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.

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 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	Phone Number	Email
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Address:

(Street)	(City)	(State)	(Zip)
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Name:

	Relationship	Phone Number	Email
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Address:

(Street)	(City)	(State)	(Zip)
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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:

Master Gardener Program
WSU Benton County Extension
7102 W. Okanogan Pl., Ste. 102, Kennewick, WA 99336

If you have questions please contact:

Eileen Hewitt: Eileen.hewitt@co.benton.wa.us

Heather Wyttenbach: heather.wyttenbach@co.benton.wa.us

Phone: (509) 735-3551