

Washington State University Extension
Volunteer Application Form

WSU Master Gardener Program Application for Spokane County Extension
Please complete both parts A and B; return to WSU Spokane County Extension office
Incomplete applications will not be accepted

****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 _____**

PART A:

Name:

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

Mailing

Address:

(Street) (City) (Zip)

Length of time at this address (years): _____

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Email Address: _____

Please list any times you would not be available for volunteer work (work, anticipated trips, other commitments)

Master Gardeners are required to work 20 hours a year in the Plant Clinic diagnosing plant problems, identifying plants (including weeds), identifying insects, among other duties. The Plant Clinic is open from March through October, Monday-Thursday 9:00-3:00, Friday 9:00-1:00, and Saturday 9:00-12:00. What would be your availability for fulfilling this obligation?

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) _____
- Other _____

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

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

How many years of 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 |

Other (please specify):

Please list your affiliations related to horticulture:

WSU Master Gardeners provide researched-based gardening information. The gardening advice Master Gardeners impart to the public is constrained by Washington State University policies. You might have to provide advice that you personally may not agree with. Are you willing and comfortable working within the rules and regulations of the WSU Spokane County Master Gardener Program?

Master Gardeners interact with the general public in a variety of settings such as the Plant Clinic, information booths, school gardens, speaking engagements, etc., where customer service skills are important. What experience do you have in customer service, and/or what qualities do you have that would enable you to interact in a positive manner with the public? _____

Most Master Gardener work is done as part of a team. Describe how you have worked as part of a team and/or which qualities you have that contributed in a positive way to the work done by the team.

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Master Gardner certification requires 40 hours of volunteer work a year. Please describe volunteer work you have done or are currently doing; include the name and type of each organization and the number of hours you have volunteered or are currently volunteering.

Master Gardeners communicate with people in a variety of ways: telephone, email, and in-person. Describe your communication skills.

If you are able to speak, read, or write a language other than English, please list (including American Sign Language).

Describe your level of expertise with email, Internet research, and computer software programs such as Word, Excel, PowerPoint, etc.

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:

The Master Gardener Program provides a variety of leadership opportunities to its volunteers such as Plant Clinic Specialists, committees leads, event leads (e.g., Cabin Fever, Garden Fair, Fall Banquet), the Master Gardener Program Board of Directors, etc. Do you see yourself in a leadership position, and if so, what qualities would you bring to such a position?

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

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

How did you hear about the Master Gardener Volunteer Program?

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:

Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Spokane County Extension at 222 N Havana Spokane WA 99202; (509) 477-2048 at least two weeks prior to the beginning this educational series.

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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) /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.

Has anyone living at your residence 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 any crime against children or other persons?

Yes

No

If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of crimes 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 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 convicted of crimes related to drugs as defined in RCW 43.43.830?

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 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 final 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.

Applicant 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.

Applicant Signature: _____ *Date:* _____

After completion, please return parts A and B of this volunteer application form to: Spokane County Master Gardeners, 222 N Havana, Spokane WA 99202

Applications are only received between April through October 31; Applications submitted after deadline will not be accepted.

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Print Name: _____
(First) (Middle) (Last)

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, phone numbers, and email address.

Name: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____
Home Work

Name: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____
Home Work

Name: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____
Home Work

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.

Applicant Signature: _____ Date: _____