



WASHINGTON STATE UNIVERSITY
EXTENSION



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

WSU Master Gardener Program Application for Spokane County Extension

To become a WSU Extension Master Gardener Volunteer, you must be 18 years of age or older. Are you 18 years of age or older? Yes _____ No _____

Washington State Proclamation 21-14.5 requires that volunteers be fully vaccinated for COVID-19 to engage in volunteer work with institutes of higher education in Washington. Are you fully vaccinated for COVID-19, defined as two weeks post your final injection? Yes _____ No _____ Are you willing to show proof of your vaccination status to WSU Extension Staff in your county? Yes _____ No _____.

Read more about the requirements and options to apply for an exemption on our COVID-19 Resources page at <https://extension.wsu.edu/vaccination-policy/>.

Please complete and return to your local WSU Extension Office

Name:

_____ (First) (Middle) (Last)

Mailing

Address:

_____ (Street) (City) (Zip)

Phone: Day: () _____
Eve: () _____

Best Time to Call: _____
Best Time to Call: _____

Email Address:

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) _____

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

Years of horticulture and gardening experience: _____

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:

List your volunteer experience; be specific about length of service and about your roles and responsibilities:

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:

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 their local Extension office at least 2 weeks prior to the deadline for application.

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 email addresses and phone numbers.

Name:

 First Last Relationship

Contact

Information:

 Home Phone Work Phone

Email Address:

Name:

 First Last Relationship

Contact

Information:

 Home Phone Work Phone

Email Address:

Name:

 First Last Relationship

Contact

Information:

 Home Phone Work Phone

Email Address:

I authorize Washington State University Extension to contact the listed references and understand that a criminal background 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:

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