

Thank you for your interest in the WSU Extension Master Gardener program. While some of you may have only expressed interest recently, we know for some of you this has been a nearly year-long wait.



Your application for our training program is attached to this letter. Please fill it out and return it to our office as soon as possible. The last day we will accept applications is Friday, September 8th, and they must be turned in before 4:30 pm.

Send or drop off your application: WSU Extension-Kittitas County
 901 E 7th, Suite #2
 Ellensburg, WA 98926

We also need you to schedule your interview. Please contact Andrea at the Extension office at 962-7507, or schedule a time with her in person when you drop off your application. Interviews are informal, and provide a chance to let you know what the program is all about. It's also a time for you to ask us any questions you may have about the program. Interviews will preferably take place on Tuesday, September 12th and Friday, September 15th. We cannot interview anyone whose application has not been submitted by the 8th.

Master Gardeners trainees will receive more than 70 hours of training during at least twelve classes covering a broad range of subjects, including topics such as Basic Botany, Soils, Gardening with Native Plants, Firewise Landscaping, Vegetable and Edible Gardening, etc. This will be accomplished through independent study online and at home, plus attending classes that are generally held on the first and third Tuesday of each month from 9am – 1pm, October through April. You are required to attend all classes and pass an open book exam in order to become certified.

The training fee is \$125 per person. WSU receives \$75 for the online portion of the training, and the local Master Gardener Foundation receives the remaining \$50 to help cover local training expenses. The \$50 fee also covers your first year membership in the local Foundation. Financial assistance is available to those who demonstrate need.

Once Master Gardeners have taken the training classes and become certified, they are responsible for providing volunteer time back to the community through our plant diagnostic clinic, workshops, presentations, Farmers' Markets, community gardens, etc. As an intern, you are required to put in at least 40 hours of volunteer service each year for your first two years.

We look forward to receiving your application and seeing you at your interview. If you have any questions, please call Andrea at the office, or Kat Satnik, Program coordinator and trainer, both at 962-7507. If you are unable to take the Master Gardener training this year, but would like to be notified of the training next year, please let us know, and we'll make sure to keep you on our list.

Sincerely,

Kat Satnik, Coordinator
WSU Master Gardeners of Kittitas County
kathleen.satnik@co.kittitas.wa.us

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 Andrea Morse at 962-7507; 901 E 7th Avenue, Suite 2; amorse@wsu.edu at least two weeks prior to the beginning of training.

For 2017-2018 training due: 9/8/17
Date received by office:

**Washington State University Extension
Kittitas County Master Gardner Program**

WSU Master Gardener Volunteer Application for Kittitas County Extension

Please complete parts A and B and return to the WSU Kittitas County Extension office, 901 E 7th Avenue, Suite #2, Ellensburg, WA 98926.

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

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

PART A:

Name:

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

**Mailing
Address:**

_____ (Street) (City) (Zip)

Phone: Home: () _____ Best Time to Call: _____
Cell: () _____ Best Time to Call: _____

Email address: _____

Name you prefer to use (nickname, etc.) _____

What name do you want listed on your name badge? _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone:** _____

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

How did you learn about the WSU Master Gardener Program? _____

Have you been to a WSU Master Gardener Clinic or demonstration garden? _____

Do you have previous experience as a volunteer with Extension? Who is the contact person for your previous Extension experience?

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):

Specific horticulture interest: (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 volunteer experience in the community:

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:

Are you able to speak, read, or write a language(s) other than English, including American Sign Language?

Please list: _____

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

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

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)

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 Information (Please complete all requested fields)

Full Legal Name (Last, First, Middle):

Alias/Maiden Names: _____ Date of Birth: _____

Email Address: _____

Telephone Number:

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 Kittitas County Master Gardener Program
901 E 7th Avenue, Suite 2
Ellensburg, WA 98926**

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