

**Washington State University Extension**

**Master Gardener Program**

### Volunteer Application

**WSU Master Gardener Program Application for Yakima County Extension**

*\*\*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\_\_\_\_\_*

*To help us plan for a safe training experience, please answer honestly:*

Are you fully vaccinated for COVID-19, defined as two weeks post your final injection? Yes\_\_\_\_\_ No\_\_\_\_\_

*Please complete and return to your local WSU Extension Office*

**PART A:**

**Name:**

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

**Mailing**

**Address:**

(Street) (City) (Zip)

**Phone:** Day: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time to Call: \_\_\_\_\_\_\_\_\_\_

Eve**:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)

|  |  |  |
| --- | --- | --- |
| * Annuals
 | * Herbs
 | * Propagation
 |
| * Perennials
 | * Houseplants
 | * Greenhouses
 |
| * Roses
 | * Fruit trees
 | * Container gardening
 |
| * Lawns
 | * Berries and grapes
 | * Insects
 |
| * Ornamental grasses
 | * Trees and shrubs
 | * Plant diseases
 |
| * Native plants
 | * Pruning
 | * Weeds
 |
| * Wildlife habitat
 | * Soils
 | * Landscape design
 |
| * Vegetables
 | * Composting
 | * 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)

|  |  |  |
| --- | --- | --- |
| * Computers
 | * Drawing/illustrating
 | * Research/data collection
 |
| * Website development
 | * Writing/publishing
 | * Public speaking/teaching
 |
| * Artwork/displays
 | * Proofreading
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Photography
 | * Marketing/fundraising
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Please provide specific information on the above checked categories:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Photo/Video Release**

 In the event your picture is taken during a WSU 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.

**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:**

 First Last Relationship

**Contact Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone Work Phone Email

**Address:**

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

**Name:**

 First Last Relationship

**Contact Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone Work Phone Email

**Address:**

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

**Name:**

 First Last Relationship

**Contact Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 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:*