



Chelan/Douglas County

## Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

Dear Prospective Volunteer,

Thank you for your interest in the WSU Master Gardener Program of Chelan/Douglas County! WSU Master Gardeners are grassroots volunteer educators who teach science-based sustainable landscape management and environmental stewardship for the protection of natural resources.

Have you always wanted to learn more about gardening, meet new people and make a difference in the community? Then the WSU Master Gardener program may be just what you're looking for. When volunteers who have been with the program for a number of years were asked, "What do you like best about being a WSU Master Gardener volunteer?", the most popular answer was, "I learn something new every time I participate in a WSU Master Gardener activity." The second answer was, "Meeting new people and friends with similar interests as me." Master Gardeners have fun, learn new things, and meet new friends all while giving back to their communities. It's a win, win.

The first step in becoming a WSU Master Gardener is taking Basic Training, which is a horticulture series offered as a combination of online and in class training sessions. The online portion is done from a computer using a platform called Blackboard to read chapter assignments, view PowerPoint presentations and videos, and complete crossword puzzles and fill in the blank worksheets. The in class sessions are held once a week and are meant to solidify what you learn online, while allowing time for you to become accustomed to the program's projects and volunteers.

### **Important Dates:**

Applications Due: September 30 of each year.

Interviews: October of each year.

Program Acceptance: November of each year.

Program Orientation and Meet and Greet: November of each year

Classes Start: January of each year

The process of becoming a WSU Master Gardener is a rewarding, but time-consuming endeavor. Classes will begin in January and run through April. The in-class sessions are generally held on Tuesdays in Wenatchee from 9 AM – 12 PM. The cost of the training is \$175 and is payable upon acceptance into the program. After completion of the training, a 100 hour internship is required to become a certified WSU Master Gardener. Students who complete the course and the internship serve the community as home-garden horticulture advisors and earn the title WSU Chelan/Douglas County Master Gardener.

Please contact me directly at 667-6540 or via e-mail at [jgmarquis@wsu.edu](mailto:jgmarquis@wsu.edu) with questions.

I look forward to meeting you.

Kind Regards,  
Jennifer Marquis, Interim State Coordinator  
WSU Master Gardeners  
Coordinator WSU Chelan/Douglas County Extension

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

**WSU Master Gardener Program Application for Chelan/Douglas 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 \_\_\_\_\_*

*Please complete parts A and B and return to your local WSU County Extension office.*

**PART A:**

**Name:**

(First)

(Middle)

(Last)

(Maiden)

**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):

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

Revised 2/14/2019

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           | <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:**

---



---



---

**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 Master Gardener volunteer?**

---



---



---

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.



**Page intentionally left blank.**

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

Revised 2/14/2019

## 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)/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.

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

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

**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: \_\_\_\_\_

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

|                            |
|----------------------------|
| <b>Personal References</b> |
|----------------------------|

**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 Chelan/Douglas County Master Gardener Program.**

Jennifer Marquis  
WSU Chelan/Douglas County Extension  
400 Washington St.  
Wenatchee, WA 98801

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 Jennifer Marquis, 400 Washington St., Wenatchee, WA (509) 667-6540 at least two weeks prior to the beginning of training.

Revised 2/14/2019