



Master Gardener Program

WASHINGTON STATE UNIVERSITY
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 this application and return to the address at the end of the application.

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) _____

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.

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

Years of horticulture and gardening experience:

Specific horticulture expertise: (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 in the community:

Other skills, interests or experience: (please check all that apply)

Computers	Drawing/illustrating	Research/datacollection
Website development	Writing/publishing	Publicspeaking/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 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 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:

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 Name)

(Relationship)

(Home Phone)

(Work Phone)

Email:

Address:

(Street)

(City)

(State)

(Zip)

Name:

(First & Last Name)

(Relationship)

(Home Phone)

(Work Phone)

Email:

Address:

(Street)

(City)

(State)

(Zip)

Name:

(First & Last 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 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 this volunteer application form either by email or mailing :

Email: viebrock@wsu.edu

Mail:

Margaret Viebrock

WSU Extension

Box 550

Waterville, WA 998858