



Whatcom County

WASHINGTON STATE UNIVERSITY  
EXTENSION



Please print clearly and  
complete all fields on  
the form  
**DATE RECEIVED:**

2019

Washington State University Whatcom County Extension  
Master Composter & Recycler Program  
Volunteer Training Application

Name:

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Mailing

Address:

\_\_\_\_\_  
(Street) (City) (Zip)

Phone: Day: ( ) \_\_\_\_\_

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

Email Address:

Are you at least 18 years of age? YES NO

Why do you want to take this training?

Are you able to fulfill the 30 hour volunteer commitment over the next year? YES NO

Training/education completed:

- High school
- Technical/trade school (major studies)\_\_\_\_\_
- 2-year community college (major studies)\_\_\_\_\_
- 4-year college (major studies)\_\_\_\_\_
- Relevant degrees, training, or certifications (specify)\_\_\_\_\_
- \_\_\_\_\_
- WSU Master Gardener
- Other\_\_\_\_\_

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 *WSU Whatcom County Extension* at 1000 N. Forest St. Ste 201 Bellingham, WA 98225 at least two weeks prior to the beginning of training.

What topic(s) are you most interested in learning about? (Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Composting (General)      | <input type="checkbox"/> Soil science              | <input type="checkbox"/> Zero Waste lifestyle               |
| <input type="checkbox"/> Cold/slow composting      | <input type="checkbox"/> Kitchen waste diversion   | <input type="checkbox"/> Recycling (General)                |
| <input type="checkbox"/> Hot/fast composting       | <input type="checkbox"/> Local/global waste issues | <input type="checkbox"/> Creative ReUse/Upcycling           |
| <input type="checkbox"/> Worm composting           | <input type="checkbox"/> Garden/yard waste         | <input type="checkbox"/> Green burial                       |
| <input type="checkbox"/> Applying finished compost | <input type="checkbox"/> diversion                 | <input type="checkbox"/> Toxics in the home and environment |
|  | <input type="checkbox"/> Other _____               |   |

Have you or do you currently implement any of the following sustainable practices?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Backyard composting         | <input type="checkbox"/> Home gardening | <input type="checkbox"/> Bulk purchasing |
| <input type="checkbox"/> Worm composting             | <input type="checkbox"/> Recycling      | <input type="checkbox"/> Green cleaning  |
| <input type="checkbox"/> Composting, other:<br>_____ | <input type="checkbox"/> Upcycling      | <input type="checkbox"/> Other: _____    |

Please describe your composting and/or recycling experience and affiliations (any personal, volunteer, or work experience):

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List your volunteer experience in the community:

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Which current volunteer areas most interest you?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Food waste educator | <input type="checkbox"/> Worm bin manager              | <input type="checkbox"/> Neighborhood change agent  |
| <input type="checkbox"/> Compost educator    | <input type="checkbox"/> Zero Waste lifestyle educator | <input type="checkbox"/> Zero Waste event volunteer |

Are you comfortable tabling at community outreach and education events? YES NO

Other skills, interests, or experience you could contribute to the WSU Master Composter & Recycler Program: (Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Musicianship         | <input type="checkbox"/> Drawing/illustrating  | <input type="checkbox"/> Research/data collection   |
| <input type="checkbox"/> Facebook contributor | <input type="checkbox"/> Writing/publishing    | <input type="checkbox"/> Public speaking/teaching   |
| <input type="checkbox"/> Artwork/displays     | <input type="checkbox"/> Instagram             | <input type="checkbox"/> Translation/Interpretation |
| <input type="checkbox"/> Photography          | <input type="checkbox"/> Marketing/fundraising | <input type="checkbox"/> Other _____                |

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

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 Composter & Recycler 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 Composter & Recycler event or anywhere I am representing WSU Extension Master Composter & Recycler Program as a Trainee, Intern, or Certified Master Composter & Recycler 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 Composter & Recycler event or anywhere I am representing WSU Extension Master Composter & Recycler Program as a Trainee, Intern, or Certified Master Composter & Recycler 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: \_\_\_\_\_

Relationship

Home Phone

Work Phone

Email

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

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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:

<b>Payment</b>
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- I am submitting the \$75 training fee with my application.  
*Check/Cash only. Checks payable to: WSU Whatcom County Extension*

<b>Continue to Part B</b>
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**PART B: Background Check**

<b>Background Disclosure</b> – 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.
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Name:

(First)	(Middle)	(Last)	(Maiden)
Former Name(s)		Legal or Preferred Name(s)	
Date of Birth (MM/DD/YY)		Driver's License Number/State	

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.

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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.

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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.

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Have you ever been convicted of a crime(s) related to drugs?

Yes       No      If yes, please give date, nature, and disposition of offense.

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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.

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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.

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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.

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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.

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**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.

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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.

### 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: \_\_\_\_\_

*Email completed application to*

*OR*

*Mail/hand-deliver application & payment to:*

WSU Master Composter & Recycler Coordinator  
[beth.chisholm@wsu.edu](mailto:beth.chisholm@wsu.edu)

WSU Whatcom County Extension  
1000 N Forest St, Ste 201  
Bellingham, WA 98225  
Office hours: Monday-Friday

*Please remember to mail or deliver payment.*  
8:30 a.m. – 12 p.m. / 1 p.m. – 4:30 p.m.