



## WSU Whatcom County Master Gardener Training 2020 Application

Thank you for applying to the 2020 Master Gardener (MG) Training. This application provides us with key information for our selection. Students must participate in all classroom training sessions along with completing all online course work, which includes attending all training sessions (unless excused), and passing all the quizzes and the final exam.

**Please answer all questions.** As we have many applications to process, please be clear and legible. You may continue any question onto a separate sheet. Do not FAX. **Once completed, please sign and return the original to:**

**WSU Whatcom County Extension**  
**1000 N. Forest St. Suite 201**  
**Bellingham, WA 98225**

**Applications must be received by November 30, 2019** for the 2020 Training Class. Applications received after that may be considered if space becomes available. If accepted, the full tuition fee of \$450 will be due in December 2019. Send no payment with this application; your acceptance letter will include payment instructions. **Scholarships available upon request.**

**Please Print:**

Legal Name \_\_\_\_\_

Name I'd like on my nametag: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Phone w/area code \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ County \_\_\_\_\_

Email address \_\_\_\_\_

**Background Information:**

The primary purpose of Washington State University (WSU) Master Gardener Basic Training is to train volunteers to be effective community educators in gardening and environmental stewardship. Master Gardener Training involves approximately 60 hours of classroom and workshop instruction held once a week on Thursdays, February 6<sup>th</sup>-April 30<sup>th</sup>. Homework averages 4-6 hours a week, depending upon skill levels, and requires internet access and minimal computer skills

**Master Gardener Training Sessions** for full-tuition students are held every **Thursday** starting **February 6<sup>th</sup>** There are no opportunities for making up missed training and there is much material to cover, so attendance is mandatory; absences for illness and personal emergencies accepted. Anything else requires pre-approval by the Training Coordinator. Regardless, missing too many training sessions may jeopardize receiving the Certificate of Completion. Each day starts promptly at **9:00 am** and ends by **3:30 pm**.

**Do You Have Health or medical conditions or other ADA requirements that we need to accommodate for training?** Yes No

*If "yes" please explain in detail on a separate sheet.*

**Homework** is designed to average 4-6 hours a week, but may take more or less time depending upon skill levels and reading speed. Homework is done through WSU's online training system, and includes assigned reading, watching online presentations, and completing interactive online exercises, quizzes and tests. All quizzes and tests are multiple choice and open book. The intent of MG training is to expose students to a broad range of horticulture topics and give them the tools to research answers to horticulture questions. Students are not expected to memorize any of the material.

**Do you anticipate any problems completing the required homework weekly?** Yes No

If so, please explain \_\_\_\_\_



**Computer and Internet Access** are essential for Master Gardener Training for doing the homework and for communicating through Email. Basic skills on how to use a browser (IE Explorer, Foxfire, Chrome or Safari) and an e-mail program are required. We can provide some assistance in navigating the online training course; however, you must be comfortable with basic computer skills. The Whatcom Library system, as well as some senior and community centers offer free computer classes.

Do you anticipate any problems using a computer for internet and e-mail access?  Yes  No

If Yes, what problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training/Education:** *Please check level(s) you have completed.*

High School/GED     \_\_\_ Years of College     Technical Education/Other Studies

Please list degrees and major area(s) of study \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the MG program?** \_\_\_\_\_

Do you know a Whatcom County MG volunteer?     Yes     No    Name (s) \_\_\_\_\_

Have you ever used Master Gardener services?     Yes     No    Clinic, Demo Garden, workshops \_\_\_\_\_

Have you ever been an Extension volunteer?     Yes     No    Program: \_\_\_\_\_

**Please describe your horticulture and gardening experience:** *List personal, volunteer, and/or work experience;*

*Please discuss why you are interested in horticulture.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 additional information on the above checked categories:**

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

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



## Background Check Form

**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:**

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

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Former Name(s)    Legal or Preferred Name(s)

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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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## 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 this volunteer application form to:**

**Mail or hand deliver to:**

**WSU Whatcom County Master Gardener Program**

WSU Whatcom County Extension

1000 N. Forest St. Suite 201

Bellingham, WA 98225

Applications Due by November 20, 2019

NO PAYMENT required with application