

OTHER SKILLS, INTERESTS OR EXPERIENCES: We sometimes need special skills to enhance the quality of our volunteer programs. Please check the items below that would add to your effectiveness as a MG volunteer.

- | | | |
|--|--|---|
| <input type="checkbox"/> Writing, Editing | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Conference/event planning |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Public relations, marketing | <input type="checkbox"/> Personnel/management |
| <input type="checkbox"/> Carpentry, handy-person | <input type="checkbox"/> Teaching experience | <input type="checkbox"/> Video camera operation, editing |
| <input type="checkbox"/> Digital photography | <input type="checkbox"/> Research, data collection | <input type="checkbox"/> Displays, Calligraphy, Lettering |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Web Development | <input type="checkbox"/> Fundraising |

VOLUNTEERING: Your first 2 years of Volunteer Outreach requires you to work at least **85 hours in Master Gardener programs**. Most plant clinic shifts are held on Thursdays, Saturdays and Sundays. Are you available to fulfill your required clinic and demo garden hours, which will include those days? Yes No

Some activities may require public speaking. Do you feel comfortable speaking before a group? Yes No
Do you have experience speaking before groups? Yes No

Please check the volunteer activity (ies) in which you think you might like to participate:

- Answering the public's gardening questions in person
- Answering the public's gardening questions over the telephone
- Helping "behind the scenes" with seminars and programs
- Giving public presentations on gardening topics
- Helping with a demo garden

When would you be available to fulfill your volunteer hours? (*check all that apply*)

- Weekday days Weekday evenings Weekends

Master Gardener On-line Training will be from January ;th through Cr t l n50th, 2014. Specific meeting dates will be determined at a later date.

Are there dates during this time frame that you will not be available? Yes No

If yes, which days are you unavailable? _____

Do you have a health or medical condition that we need to accommodate for training? Please explain.

Are there times that you know now when you will not be available for volunteer service during 2012 (*e.g., job, vacation, other commitments*)? List dates, if known. _____

How did you hear about the MG program? _____

Do you know a MG volunteer? Yes No Name _____ County/State _____

Have you used Master Gardener services? Yes No

Are you familiar with other WSU Extension programs? Yes No

Have you been an Extension volunteer? Yes No program _____ when & where? _____

If accepted as a Master Gardener, you will be expected to provide the public with information about pesticides and other chemicals approved by WSU, as well as less-hazardous cultural and pest management practices. This allows the client to make an informed choice. Do you anticipate any problems recommending chemicals?

Yes No

The tuition fee is \$200 (\$100 refundable upon completion of the minimum volunteer service requirement) paid to WSU Extension - Island County Extension by check or cash, and the on-line training fee of \$70 that is paid by credit card when you register for the on-line training.

Send no payment with this application!

If accepted into the Washington State University Master Gardener training program, I agree to:

- 1. Attend all the scheduled Master Gardener trainings.**
- 2. Complete required WSU on-line Master Gardener training. You will need access to a computer and internet access. If this is not possible we can suggest ways to access the training modules.**
- 3. Accept email communication.**
- 4. Pass the quizzes and final exam (by 70%) in the on-line training program**
- 5. Donate a minimum of 85 hours for the first two years of volunteer service as a WSU volunteer Community Educator working in plant clinics, special projects, demonstration gardens and program support or other approved outreach programs.**
- 6. After the first two years, volunteer a minimum of 25 hours a year on approved outreach programs.**
- 7. Continue my Master Gardener education by taking 10 hours of approved continuing education each year, including the year of training**
- 8. Recommend only WSU-approved methods of insect, disease and weed control**
- 9. Not endorse any commercial product or service or my business while working as a Master Gardener**
- 10. Abide by all policies and guidelines of Washington State University and the WSU Island County Extension office**

Please accept my application to become a WSU Master Gardener. I have previously applied (yr)aaaaaa

Signature _____ **Date** _____

**We suggest you make a copy of this application for your own records.*

**Participant selection will be based on applications received by October 28, 2011.*

Please return the completed application and screening form along with a legal-sized, self-addressed, stamped envelope to:

**WSU Island County Extension
Attn: FtOVlo 'Ncy t gpeg
PO Box 5000
Coupeville, WA 98239**

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

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 the contact of listed references and understand 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.

Applicant Signature: _____ Date: _____

Please return the application on or before October 28, 2011 and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, please let the local WSU Extension office know.

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6. 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.

ANSWER _____ IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

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.

Revised 8/2010