



Commitment to WSU Master Gardener Program of Mason County.

Please read and sign below and return to the WSU Extension office.

I wish to become a WSU Master Gardener in Mason County. I have read the Master Gardener Volunteer Job Description and can fulfill all the requirements. If enrolled in the program, I agree to attend ALL training sessions. I will volunteer a minimum of 60 hours of volunteer service during the year following training and will complete the prescribed requirement for continuing education per year to achieve and maintain Master Gardener certification. I understand a \$175 fee is administered to cover cost of materials provided. (Please call Jeanne Rehwaldt for information on scholarships and payment options.) If I am unable to fulfill the volunteer hour requirement I will pay an additional \$150 to the program in lieu of volunteer hours.

Please contact us if you have any questions or wish further information. Thank you!

Signed _____ Date _____

Print Name _____

Please return form to:

**WSU Extension
R. Jeanne Rehwaldt
Master Gardener Volunteer Program
303 North 4th Street
Shelton, WA 98584
(360)427-9670 Ext. 688
rehwaldt@wsu.edu**



**WASHINGTON STATE UNIVERSITY
EXTENSION**

**VOLUNTEER APPLICATION FORM
(To be completed by all potential Volunteers)**

I. GENERAL INFORMATION

Name:

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

**Mailing
Address**

(Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____

Eve: () _____ Best Time to Call: _____

Email: _____

Length of time at this address (years): _____

Date of Birth (MM/DD/YY): _____

**WSU Master Gardener
Program Enrollment Form**

WSU Mason County Extension

**Please list any 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)

Horticulture and gardening experience (any other personal, volunteer or work experience)

How many years experience?

Specific horticulture expertise: (please check all that apply)

- annuals
- perennials
- roses
- lawns
- ornamental grasses
- native plants
- wildlife habitat
- vegetables
- herbs
- houseplants
- fruit trees
- berries and grapes
- trees and shrubs
- pruning
- soils
- composting
- propagation

- greenhouses
- container gardening
- insects
- plant diseases
- weeds
- landscape design
- water gardens

Affiliations related to horticulture

Volunteer experience in the community

Other skills, interests or experience

- computers
- website development
- artwork, displays
- photography
- drawing/illustrating
- writing//publishing
- proofreading
- marketing/fundraising
- research/data collection
- public speaking/teaching
- other _____

Specific information on any of the above skills

Personal References:

Has anyone living at your residence been convicted of a misdemeanor or a felony?

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.

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 _____

Address:

(Street) (City) (State) (Zip)

Name: _____

Relationship _____ Home Phone _____ Work Phone _____

Address:

(Street) (City) (State) (Zip)

Name: _____

Relationship _____ Home Phone _____ Work Phone _____

Address:

(Street) (City) (State) (Zip)

I authorize the contact of 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.

Applicant Signature: _____
Date: _____

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.

ANSWER _____ IF YES, EXPLAIN BELOW:

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER _____ IF YES, EXPLAIN BELOW:

4. 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.

ANSWER _____ IF YES, EXPLAIN BELOW:

5. 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.

ANSWER _____ IF YES, EXPLAIN BELOW:

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.

Applicant Signature _____

Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

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

Revised 12/23/2010