

## WSU Skagit County Extension Master Gardener Program

Volunteer Application  
**DEADLINE: OCTOBER 15th**

Thank you for your interest in the WSU Master Gardener Program. As a first-year volunteer in our program, you will be expected to:

- Attend a six week session of classes, two days a week starting mid-January (Attendance is required at all classes).
- Pay a fee for the WSU Master Gardener Program Materials.
- Volunteer in the WSU Master Gardener Program for a total of 60 hours the first calendar year (not including your class time). This will include a number of hours of work in our demonstration garden located on Memorial Highway in Mount Vernon and also time at our Plant Clinics that take place in Burlington and Anacortes, plus other areas of our program.

After the first year in the WSU Skagit County Extension Master Gardener Program your mandatory volunteer hours will drop to 25 hours per year along with 10 hours of continuing education. We are involved in many projects; that means you will easily find an activity within our organization to satisfy this requirement.

We will contact you in October to set up an interview. Let us know if you have any questions.

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

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: Day: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

**I. Training/Education** (check levels completed):

- High School
- 2-year Community or Junior College (major studies) \_\_\_\_\_
- 4-year college (major studies) \_\_\_\_\_
- Post Graduate Degree (specify) \_\_\_\_\_
- Continuing Education (list areas of study) \_\_\_\_\_
- Horticulture degrees, training or certifications (specify)  
\_\_\_\_\_

**II. Work Experience:** (list current first. Homemaking is work!)

Organization	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**III. Horticulture or Gardening Experience:** (List any training, experience and/or work relating to horticulture, growing plants, or problem-solving. Home gardening included!)

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

In what areas of horticulture do you feel knowledgeable or have experience?

- Vegetables     Greenhouses     Container Plants     Roses
- Herbs     Landscaping     Houseplants     Soils
- Pruning     Orn. Grasses     Fruit Trees     Propagation
- Lawns     Perennials     Berries/Grapes     Annuals
- Native Plants     Wildlife Habitat     Ornamental Trees     Insects
- Raised Beds     Composting     Drip Irrigation     Plant Diseases
- Specific Plants: \_\_\_\_\_
- Other: (specify) \_\_\_\_\_

**IV. Other skills and experiences:** (We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check any items below that you can offer the WSU Extension Master Gardener Program.)

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel management                    | <input type="checkbox"/> Graphic art, design, illustration   |
| <input type="checkbox"/> Accounting, bookkeeping                 | <input type="checkbox"/> Writing, editing                    |
| <input type="checkbox"/> Public speaking, teaching               | <input type="checkbox"/> Grant writing                       |
| <input type="checkbox"/> Public/Media relations, marketing       | <input type="checkbox"/> Photography                         |
| <input type="checkbox"/> Clerical skills                         | <input type="checkbox"/> General "handyman" talent           |
| <input type="checkbox"/> Fundraising                             | <input type="checkbox"/> Plumbing                            |
| <input type="checkbox"/> Leadership experience                   | <input type="checkbox"/> Electrical                          |
| <input type="checkbox"/> Organizational skills                   | <input type="checkbox"/> Carpentry, woodworking              |
| <input type="checkbox"/> Research/Data collection                | <input type="checkbox"/> Website development and maintenance |
| <input type="checkbox"/> Computer Skills: (List software.) _____ |  |

Other hobbies or interests \_\_\_\_\_

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

**V. Volunteer Experience:** (List current first and give dates. Doesn't have to be garden-related.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**VI. Work Status:** (For our planning purposes, please indicate your current or expected work status for the coming year.)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time (hours per week _____) |
| <input type="checkbox"/> Retired   | <input type="checkbox"/> Not working outside the home     |
| <input type="checkbox"/> Student   |   |

Other volunteer commitments (Specify.)

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

List times during the upcoming year that you will NOT be available for volunteer service (Vacation, work, other regular commitments.)

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



**WASHINGTON STATE UNIVERSITY EXTENSION  
VOLUNTEER APPLICATION FORM  
(To be completed by all *potential* volunteers)**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)

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

\_\_\_\_\_  
**Date of Birth (MM/DD/YY)**

\_\_\_\_\_  
**Driver's License Number**

**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:

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

*continued on next page*

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.

**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 at your earliest convenience and contact us if you have any questions or wish further information. Thank you!