



WASHINGTON STATE UNIVERSITY
EXTENSION



Washington State University Extension Master Gardener Program

The WSU Extension Master Gardener Program is open to individuals interested in becoming volunteers and sharing gardening and horticulture knowledge with the general public through community outreach. Extension Master Gardener volunteers engage with communities to address pressing issues facing today's Washingtonians. Applicants looking to increase their gardening knowledge and who have a demonstrated volunteer ethic or a desire to volunteer will be considered regardless of gardening experience.

To become a WSU Extension Master Gardener Volunteer, you must be 18 years of age or older. Are you 18 years of age or older? Yes _____ No _____

Please complete and return to your local WSU Extension Office

Name:

(First)

(Middle)

(Last)

Mailing

Address:

(Street)

(City)

(Zip)

Phone: Day: () _____

Best Time to Call: _____

Eve: () _____

Best Time to Call: _____

Email Address:

Please list the 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) _____

Please describe your horticulture and gardening experience: (any personal, volunteer, or work experience):

Years of horticulture and gardening experience: _____

Specific horticulture experience: (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Annuals | <input type="checkbox"/> Herbs | <input type="checkbox"/> Propagation |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Houseplants | <input type="checkbox"/> Greenhouses |
| <input type="checkbox"/> Roses | <input type="checkbox"/> Fruit trees | <input type="checkbox"/> Container gardening |
| <input type="checkbox"/> Lawns | <input type="checkbox"/> Berries and grapes | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Ornamental grasses | <input type="checkbox"/> Trees and shrubs | <input type="checkbox"/> Plant diseases |
| <input type="checkbox"/> Native plants | <input type="checkbox"/> Pruning | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Wildlife habitat | <input type="checkbox"/> Soils | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Composting | <input type="checkbox"/> Water gardens |

List your affiliations related to horticulture:

List your volunteer experience; be specific about length of service and about your roles and responsibilities:

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 specific information on the above checked categories:

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

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 their local Extension office at least 2 weeks prior to the deadline for application.

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:

First

Last

Relationship

Contact**Information:**

Home Phone

Work Phone

Email Address:**Name:**

First

Last

Relationship

Contact**Information:**

Home Phone

Work Phone

Email Address:**Name:**

First

Last

Relationship

Contact**Information:**

Home Phone

Work Phone

Email Address:

I authorize Washington State University Extension to contact the listed references. I understand that a criminal background is required prior to being fully accepted as a volunteer in the program. 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:**

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Civil Rights Information WSU Master Gardener Volunteers

Confidential & Voluntary

The WSU Extension Master Gardener program is part of a land-grant university system. The land-grant university system was built on the principle that all people should have access to education. The WSU Extension Master Gardener program wants to ensure we uphold this principle in our work.

Additionally, Washington State University Extension and its programs are federally funded and as such are required by the Civil Rights Act to report demographic information for employees, volunteers and community persons who seek our services.

Our goal for collecting this information is to see how well we uphold the land-grant principle of access to education. We summarize the race, ethnicity, and gender of volunteers and of the people we serve to determine how closely WSU Master Gardener programs are to balanced participation in each county.

Note: Your name will not be reported in conjunction with your Race, Ethnicity and Gender data. The data is reported as an aggregate to USDA-NIFA and names are never included in the reports. Individually identifiable information will be treated as confidential, is not disclosed without (written) consent, and is not included in the review of application to become an Extension Master Gardener volunteer.

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What is your gender?

- ◇ Male
- ◇ Female
- ◇ Non-binary
- ◇ Gender Identity not listed
- ◇ Prefer not to respond

What is your ethnicity?

- ◇ Hispanic or Latino
- ◇ Non-Hispanic or Non-Latino
- ◇ Prefer not to respond

What is your race?

- ◇ African American/Black American
- ◇ Asian
- ◇ First Nations/Alaskan
- ◇ Hawaiian Native/Pacific Islander
- ◇ White
- ◇ Two or more races
- ◇ Unknown
- ◇ Prefer not to respond

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