



# Island County

WASHINGTON STATE UNIVERSITY  
EXTENSION

## WSU EXTENSION MASTER GARDENER VOLUNTEER APPLICATION

Participants for the Island County Master Gardener training program are selected by a committee of Master Gardener volunteers and the WSU Island County Master Gardener Program Coordinator, based on the information in this application and an interview. Applicants accepted into the training will be expected to pay tuition of \$300.00 (\$100 refundable upon completion of training and apprenticeship) and complete 85 hours of community service as an Island County Master Gardener Intern over the next two years.

Please complete as much information as possible. Use additional paper as needed. Return the completed application prior to the due date.

***Application must be returned by July 31, 2017***

**\*\*Note that to become a WSU Master Gardener you must be 18 years of age or older. Are you 18 years of age or older?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE PRINT OR TYPE:**

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

Email \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work/Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

**WHY DO YOU WANT TO BECOME A WSU MASTER GARDENER?**

---

---

---

---

---

---

---

---

---

---

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 Loren Imes WSU Extension Island County, PO BOX 5000 Coupeville, WA 98239, 360-678-2343 or [loren.imes@wsu.edu](mailto:loren.imes@wsu.edu) at least two weeks prior to the beginning of training.

**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)\_\_\_\_\_
- 
- 

**GARDENING BACKGROUND:** *List your interests, experience, and skills related to plants and gardening, and any garden clubs or plant societies with which you are currently or have been affiliated.*

---



---



---



---



---

**VOLUNTEER EXPERIENCE:** *List most recent first and tell which of your experiences you enjoyed the most and why. Please include a description of your volunteer role(s).*

Organization    Role or Position and Year(s)\_\_\_\_\_

---



---



---



---

**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"/> Facebook 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                      |

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 Loren Imes WSU Extension Island County, PO BOX 5000 Coupeville, WA 98239, 360-678-2343 or [loren.imes@wsu.edu](mailto:loren.imes@wsu.edu) at least two weeks prior to the beginning of training.

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

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

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

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

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

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

*\* Participant selection will be based on applications received by July 31, 2017, or on approval of the WSU Extension Director for Island County.*

**Please return the completed application to:**

**WSU Extension Island County**

**Master Gardener Program**

**PO Box 5000**

**Coupeville, WA 98239**

**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)

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 Loren Imes WSU Extension Island County, PO BOX 5000 Coupeville, WA 98239, 360-678-2343 or [loren.imes@wsu.edu](mailto:loren.imes@wsu.edu) at least two weeks prior to the beginning of training.

*I authorize the contact of listed references prior to my acceptance into the WSU MG Training. 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 July 31, 2017 and contact us if you have any questions or wish further information.  
Thank you!

*If anything in this application changes, please notify the local WSU Extension office.*

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 Loren Imes WSU Extension Island County, PO BOX 5000 Coupeville, WA 98239, 360-678-2343 or [loren.imes@wsu.edu](mailto:loren.imes@wsu.edu) at least two weeks prior to the beginning of training.

Revised 05/2017