

WSU Pierce County Master Gardener Program
2018 General Master Gardener Training Application Packet

Dear Applicant,

Thank you for your interest in the Pierce County Master Gardener Program! Please make sure you read this entire packet before submitting your application. **Applications are due by October 31st**. Please note that there is limited space and applications will be reviewed in the order they are received.

*****Please make sure you have the correct application packet.*****

When becoming a PCMG you have two training options; you can either choose to attend our General MG Training Class or our Community Garden Specialist Class. Both classes teach sustainable gardening practices through topics such as pest and soil management and water wise gardening techniques. Both trainings are held from January to March each year. You can attend either class to become a PCMG.

- **General MG Training** consists of ten consecutive all day Friday classes that focus on a wide range of gardening topics that include ornamental, vegetable and native plant gardening. For an increased training fee, this class is also available to individuals who do not wish to become a Master Gardener Volunteer, but instead choose to attend the class to receive a certificate of completion.
- **Community Garden Specialist Training** is held on ten consecutive Tuesday nights and two Saturdays and focuses on food gardening and skills needed for working with community gardens. For an increased training fee, this class is also available to individuals who do not wish to become a Master Gardener Volunteer, but instead choose to attend the class to receive a certificate of completion.

For more information visit our website at www.piercemg.wsu.edu. For questions please contact us at pierce.mg@wsu.edu or 253-798-7170.

We look forward to receiving your application!

WSU Pierce County Master Gardener Program **2018 General Master Gardener Training Application Packet**

Please read this entire application packet before submitting your application.

Information Sessions:

For those interested in the MG Program, it is recommended, but not mandatory for you to attend one of the two information sessions. If you plan to attend, please **RSVP** by calling 253-798-7170 or pierce.mg@wsu.edu.

Session 1: Thursday, September 14th 12:00-2:00 PM

Session 2: Tuesday, October 17th 5:00-7:00 PM

Both sessions will be held at the WSU Pierce County Extension Office, 3602 Pacific Ave., Tacoma, WA 98418

Thank you for your interest in the 2018 WSU Pierce County General Master Gardener Training. This training is for people who wish to become a Pierce County Master Gardener Volunteer. It is also available, with an increased training fee, to individuals who do not wish to become a Master Gardener Volunteer, but instead attend the class to receive a certificate of completion either for professional or personal enrichment (please note that those receiving a certificate of completion do not earn the title "Master Gardener"). **Please read this entire application packet before submitting your application.**

The WSU Pierce County Master Gardener Program is sponsored by Washington State University Extension and Pierce County. WSU Master Gardener Volunteers assist WSU Pierce County Extension in providing information to home and community gardeners about sound and sustainable gardening practices. In order to prepare volunteers for this role, WSU Pierce County Extension trains serious gardeners in basic botany, integrated pest management, soil science, plant identification, pest and disease diagnosis, and more.

Who becomes a WSU Master Gardener? WSU Master Gardeners are highly motivated gardeners who become volunteers to: 1) expand their knowledge in the field of horticulture, conservation, and sustainability; 2) serve the larger community as educators and leaders on critical issues such as water quality and food security, 3) discover the newest gardening information and resources; and 4) grow friendships with other serious gardeners. **You must be 18 or over to apply for the Master Gardener Program.**

Scope of Volunteer Work: Trained and certified WSU Pierce County Master Gardener Volunteers are educators and community leaders. They answer questions and give advice to home gardeners on plant disease and identification, plant care, pest management, sustainable gardening and many associated topics. This is accomplished through various formal and informal activities, including, but not limited to:

- Plant clinics
- Demonstration gardens
- Youth gardening programs
- Community garden programs
- Public presentations and workshops
- Other outreach programs and educational projects

To become a WSU Pierce County Master Gardener you must:

- Submit a completed application packet by October 31st
- Once accepted into the program, attend all training classes
- Complete the online training course and pass all quizzes and final exam with 80% or higher
- Complete and report 60 hours of volunteer service by December 31st, 2018
- Complete an intern project by Dec. 31st, 2018 (time spent on project is included in the above 60 hours)
- After the first year, Master Gardeners must complete 25 hours of volunteer time and 10 hours of continuing education annually to retain their certification.

Training Information:

When: Ten consecutive Fridays from January 12th-March 16th 2018 from 8:45am -3:00pm

Where: Allmendinger Conference Center at the WSU Puyallup Research and Extension Center

2606 West Pioneer, Puyallup, WA 98371, For Directions: <http://puyallup.wsu.edu/directions/>

Cost: Registration fee for those becoming Master Gardener Volunteers is \$150.00 and for those on the non-volunteer track receiving a certificate of completion is \$430. This fee can be paid by cash or check on the first day of class. All trainees will also need to pay an additional \$75 fee for the online training; this is paid online by credit or debit card. Once accepted into the Program, more information about the online training registration will be sent to you. If this is a financial hardship, financial assistance is available to those becoming Master Gardener Volunteers; please contact danielleharringt@wsu.edu or 253-798-6943 for more information.

Accommodation: Reasonable accommodations will be made for persons with disabilities and special needs who contact Danielle Harrington, Interim PCMG Program Coordinator, at danielleharringt@wsu.edu or 253-798-6943 at least two weeks prior to the event.

Mentors: All MG trainees who are accepted into the program (certificate students will not have a mentor) will receive a mentor. Mentors are current PCMGs who are highly active in the program. This person will be your primary resource for questions during your first year in the program.

Talk to a Current Pierce County Master Gardener: If you would like to talk to a current Pierce County Master Gardener to ask questions or learn about their experience call the Pierce County Master Gardener Office Clinic at 253-798-7170.

Application Process:

- By **October 31st 2017**, submit a completed application to:
WSU PCMG Program (Attn: Applications), 3602 Pacific Ave. Suite 200, Tacoma, WA 98418 or **danielleharringt@wsu.edu**
(Hard copies of the application can be picked up at the Office Plant Clinic Monday-Friday 10am-2pm 3602 Pacific Ave. Suite 200, Tacoma, WA 98418)
- Your application will be reviewed and a background check will be conducted
- All candidates will receive notification of selection by December 1st 2017

Questions? Please contact Danielle Harrington, Interim PCMG Program Coordinator, at 253-798-6943 or danielleharringt@wsu.edu.

Applications must be received no later than, October 31st 2017

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 Danielle Harrington at danielleharringt@wsu.edu or 253-798-6943 at least two weeks prior to the beginning of training.

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Application continues on next page.**



Master Gardener Program

WASHINGTON STATE UNIVERSITY
EXTENSION

Date Received: _____
(Official Use only)

Washington State University Extension 2018 Master Gardener Program Volunteer Application- General Master Gardener Training

WSU Master Gardener Program Application for Pierce County Extension

***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 check the box that applies:

I want to take this training to become a Pierce County Master Gardener Volunteer
I want to take this training to receive a certificate and do not want to become a Pierce County MG Volunteer

Please complete parts A and B and return to your local WSU County Extension office.

PART A:

Name:

(First)

(Middle)

(Last)

(Maiden)

Mailing

Address:

(Street)

(City)

(Zip)

Name that you want listed on your name badge? _____

Phone: Home: () _____ Cell: () _____

Email Address:

Emergency Contacts: Please provide two emergency contacts.

Emergency Contact 1: _____ Relationship: _____

Phone # _____ email: _____

Emergency Contact 2: _____ Relationship: _____

Phone # _____ email: _____

Please list the times you would not be available for volunteer work: (work schedules, anticipated trips, other commitments)

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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 expertise: (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 in the community:

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Photo/Video Release

In the event your picture is taken during a Master Gardener event, do you give WSU permission for that picture or video sequence to be used in WSU brochures, publications or websites? Please check one of the boxes below:

- Yes - I DO** give Washington State University permission to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am representing WSU Extension Master Gardener Program as a Trainee, Intern, or Certified Master Gardener Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

- NO - I DO NOT** give Washington State University permission to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am representing WSU Extension Master Gardener Program as a Trainee, Intern, or Certified Master Gardener Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

Applicant Signature: _____

Date: _____

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WSU Extension Volunteer Application

PART B

Background Disclosure – this information is required of ALL potential volunteers in WSU Extension Programs and is kept confidential and in a locked cabinet in your local extension office. Please note that a background check may be conducted on all potential volunteers.

Name:

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

Former Name(s)/Alias

Legal or Preferred Name(s)

Date of Birth (MM/DD/YY)

Driver's License Number/State

Email Address

Phone Number

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

Have you ever been convicted of a misdemeanor or a felony?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of a crime(s) against children or other persons?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of a crime(s) relating to financial exploitation if the victim was a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been convicted of a crime(s) related to drugs?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been 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?

Yes No If yes, please give date, nature, and disposition of offense.

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Have you ever been 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?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been 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?

Yes No If yes, please give date, nature, and disposition of offense.

Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes No If yes, please give date, nature, and disposition of offense.

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.

State Law Requirements:

The Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.845) requires employers ask applicants to disclose specific information about any convictions for crimes against persons, crimes relating to financial exploitation, and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons, or vulnerable adults as defined by the law.

I, _____, hereby authorize Washington State University to investigate my background for purposes of evaluating whether I am qualified for a position with duties involving unsupervised access to children under the age of sixteen and vulnerable adults as defined in the Revised Code of Washington 43.43.840-43.43.845. I understand that Washington State University will utilize an outside firm(s) to assist them in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may not withhold my permission and that in such case, no investigation will be done, and my application will not be processed further.

Signature: _____ Date: _____

Certification of Criminal History Outside of the State of Washington

I certify, under penalty of perjury that I have not been convicted of any of the above listed crimes or had findings against me concerning that above listed proceedings outside of the State of Washington.

Signature: _____ Date: _____

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 Washington State University Extension to contact the 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.

Signature: _____ *Date:* _____

After completion, please return parts A and B of this volunteer application.

Mail application to:
WSU PCMG Program (Attn: Applications), 3602 Pacific Ave. Suite 200, Tacoma, WA 98418

Or email to:
danielleharringt@wsu.edu

Hard copies of this application can be picked up at the PCMG Office Plant Clinic Monday-Friday 10am-2pm 3602 Pacific Ave. Suite 200, Tacoma, WA 98418

If you have additional questions please contact Danielle Harrington, Interim PCMG Program Coordinator, at 253-798- 6943 or danielleharringt@wsu.edu.

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