**Instructions:**

In order to continue to be a Certified Master Gardener in 2018 you must be in good standing by completing and reporting required hours and returning this completed re-application packet by November 15th, 2017.

**DUE November 15, 2017, Please return completed packet to:**

**PCMG, 3602 Pacific Ave. Suite 200, Tacoma, WA 98418 (Attn: Re-app)**

**Or email (PDF attachment only) to** [**mgdata@wsu.edu**](mailto:mgdata@wsu.edu)

**\*\*\*\*You must fill out ALL pages of this packet to reapply. Please Print. \*\*\*\***

**Name** (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check those that apply:**

I do not have a computer/email and need printed copies of the newsletter mailed to my home

My contact information has changed since my last re-application.

**\*\*\*Only fill in those items below that have changed\*\*\***

*Address: City: State: Zip:*

*Home Phone: Cell:*

*Email:*

**2018 Reapplication:**  In 2018, I would like to be (please check box below):

**Active** I want to remain or return to active status in the PCMG Program for 2018. I will complete 25 hours of volunteer service and 10 hours of continuing education.

**Leave** I am unable to participate actively for 2018 and want to take leave. (You may only take leave for one year, after which you need to reapply to the program. If you need to take more than one year of leave please contact the Program Coordinator.)

**Emeritus** I would like to apply for or continue my emeritus status. As Emeritus I am still required to complete and report at least one hour of volunteer service and 5 hours of CE each year. (To become emeritus you must have completed 500 or more hours of volunteer service or have been an MG for 10 or more years.)

**Name for your new Emeritus badge:**

**Retire** I would like to leave the PCMG Program. I understand that I will no longer be included in the MG Roster or mailing lists, nor allowed to participate in any MG volunteer or continuing education activities.

**Emergency Contact:**  We would like to update our Emergency Contact Information for **ALL** of our MGs.

Emergency Contact 1: Relationship:

Phone # email:

Emergency Contact 2: Relationship:

Phone # email:

**Sign Here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This form is extremely important for tracking PCMG program reach. Thank you for filling this out.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Volunteer Activities:**

Please tell us about the great work you are doing in our community! We are currently reporting on our internal MG Programs (clinics, demo gardens, speaker’s bureau, children’s garden, and program support) but we are not fully reporting on all of the work being done in the community. By filling out this section you will help make our reporting more accurate and reflective of the true impact PCMGS are making in our community.

**Community Gardens:** (Gig Harbor and Puyallup Demo Garden are not included here)

Do you volunteer with a Community Garden? Yes No

Name of your garden?

Address/location of your garden?

Did your garden donate produce? Yes No How many lbs?

What was your role with the garden?

**School Gardens:**

Do you volunteer with a School Garden? Yes No

Name of the School?

Address/location of the School?

Did your garden donate produce? Yes No How many lbs?

What was your role with the garden?

**Community Organizations:** (example: L’Arche, HUG, Tahoma Audubon, WCCW etc.)

Do you volunteer with a Community Organization? Yes No

Name of organization

Did your organization donate produce? Yes No How many lbs?

What was your role with the organization?

**Rain Gardens:**

Were you involved with a Rain Garden? Yes No

Name of Rain Garden?

Address/location of your garden?

What was your role with the garden?

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**Re-Application continues on next page**

**2018 Master Gardener Foundation of Pierce County Membership Form:** (optional)

**\*\*\*To remain a member of the Foundation a membership form must be filled out annually\*\*\***

I wish to join the Master Gardener Foundation of Pierce County. I understand that my duties as a member of the Master Gardener Foundation of Pierce County are separate from my obligations to the WSU Extension Master Gardener Program in my county and that membership in the Master Gardener Foundation of Pierce County is not required for my participation as a local Master Gardener volunteer.

Name (Please Print): Today’s date:

Address: City: State: Zip:

Home Phone: Cell: Work:

Email:

Please indicate which areas you would like to volunteer:

(Time spent volunteering with the Foundation counts towards your required volunteer hours for the MG Program. Please count these hours as program support)

Plant Sale



Book Sale

Grant Writing

Education

Technology Support

Serve on Foundation Board

**Sign Here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_