

Master Gardener Program

<http://extension.wsu.edu/spokane/master-gardener-program/>

Washington State University Extension
Volunteer Application Form
PART A

WSU Master Gardener Program Application for Spokane County Extension
Please complete both parts A and B; return to WSU Spokane County Extension office

Name: _____
(First) (Middle) (Last) (Maiden)

Phone: Day: _____ Best Time to Call: _____
Eve: _____

Email Address: _____

Please list any 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):

How many years of experience? _____

Please list your affiliations related to horticulture:

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

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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 small fruits	<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

Other (please specify):

What is your volunteer experience in the community?

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

Why do you wish to become a WSU Master Gardener Volunteer?

Applicant Signature: _____ *Date:* _____

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WSU Extension Volunteer Application Form-PART B

Background Disclosure – this information is required of ALL potential volunteers in WSU Extension Programs, is kept confidential, and in a locked cabinet in your local extension office.

Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s)

Legal or Preferred Name(s)

Mailing Address: _____
(Street) (City) (Zip)

Length of time at this address (years): _____

Date of Birth (MM/DD/YY)

Driver's License Number/State

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.

Has anyone living at your residence 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 any crime against children or other persons?

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

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

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

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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.

Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

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

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 final 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.

I 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.

Applicant Signature: _____ Date: _____

**After completion, please return parts A and B of this volunteer application form to: Spokane County Master Gardeners,
222 N Havana
Spokane WA 99202**

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Name: _____
(First) (Middle) (Last)

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 _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone Work Phone Email

Name: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone Work Phone Email

Name: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone Work Phone Email

I authorize the contact of listed references and understand that this 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: _____