

WSU Extension Master Gardener Volunteer  
**Pest Management Recommendations Agreement**

Protection of the environment and human health concerns everyone. To reduce the misuse of pesticides and promote safe and effective pest management methods, Washington State University (WSU) Extension Master Gardeners are required to subscribe to the following policies.

1. I understand that as a WSU Extension Master Gardener my pest management recommendations must be limited to home gardeners. Questions concerning commercial crops, municipal parks or pesticide regulation should be directed to responsible authorities within Extension.
2. I understand that as a WSU Extension Master Gardener, I may only recommend a chemical for home and garden pest management if that use has been approved and recommended by WSU. WSU recommendations of chemicals registered for home and garden use are contained in Hortsense and other current reviewed and approved WSU Extension publications.
3. I understand that as a WSU Extension Master Gardener, I will provide both chemical and non-chemical pest management recommendations allowing the client a choice of strategies. I further understand that Master Gardeners do not recommend the use of 'home remedies' for pest management.
4. I understand that as a WSU Extension Master Gardener, I am considered a volunteer representative of WSU. Therefore, WSU will assume liability for my pest management recommendations, but **only** if my recommendations are limited to management measures that are both recommended by WSU for home and garden use and listed in the reviewed and approved WSU Extension publications or other WSU-approved pest management references.
5. I understand that the WSU Extension Master Gardener Program Handbook outlines the above and other policies that govern my work as a volunteer. A current copy of this handbook is available online at the state program website and through county program coordinators. Further guidance on approved pest references is also available on the state program website and from county program coordinators.

\_\_\_\_\_ **Yes, as a WSU Extension Master Gardener, I will subscribe to the above requirements.**

\_\_\_\_\_ **No, I cannot subscribe to the above policy, and I understand that I therefore cannot be certified as a WSU Extension Master Gardener.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name

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County \_\_\_\_\_

*Program Coordinators: Please retain electronic or hardcopies of signed agreements.*