Master Gardener Program
WASHINGTON STATE UNIVERSITY EXTENSION

Washington State University Extension
Master Gardener Program
2022 Volunteer Application- Due January 15, 2022

WSU Master Gardener Program Application for Grays Harbor and Pacific Counties 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:* ◯

WA state requires Master Gardener trainees to be fully vaccinated for COVID 19 or have an approved exemption with accommodations on file before they are accepted into the volunteer program. Fully vaccinated is defined as two weeks past your final injection.

Are you fully vaccinated for COVID-19 or have an approved Medical or Religious exemption on file?

Yes: ◯ No: ◯

Please complete, sign and date. Scan and email to: tgwin@wsu.edu - OR - mail to the address below:

TONI GWIN
WSU EXTENSION PACIFIC COUNTY
PO BOX 88
SOUTH BEND WA 98586-0088

Name:
First - Middle - Last - (and Maiden, if applicable)

Mailing Address:
Street (or PO Box) - City - Zip code

Phone: Day: Best Time to Call:

Eve**:** Best Time to Call:

Email Address:

Please list the 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):

Years of horticulture and gardening experience:

Specific horticulture expertise: (please check all that apply)

- ☐ Annuals
- ☐ Perennials
- ☐ Roses
- ☐ Lawns
- ☐ Ornamental grasses
- ☐ Native plants
- ☐ Wildlife habitat
- ☐ Vegetables
- ☐ Herbs
- ☐ Houseplants
- ☐ Fruit trees
- ☐ Berries and grapes
- ☐ Trees and shrubs
- ☐ Pruning
- ☐ Soils
- ☐ Composting
- ☐ Propagation
- ☐ Greenhouses
- ☐ Container gardening
- ☐ Insects
- ☐ Plant diseases
- ☐ Weeds
- ☐ Landscape design
- ☐ Water gardens

List your affiliations related to horticulture:

List your volunteer experience in the community:

Other skills, interests or experience: (please check all that apply)

- ☐ Computers
- ☐ Website development
- ☐ Artwork/displays
- ☐ Photography
- ☐ Drawing/illustrating
- ☐ Writing/publishing
- ☐ Proofreading
- ☐ Marketing/fundraising
- ☐ Research/data collection
- ☐ Public speaking/teaching
- ☐ Other _____
- ☐ Other _____

Please provide specific information on the above checked categories:

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

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

Any other information about your skills and abilities you would like us to have?

- Pest Management Recommendations: The term pesticide means a product that kills a pest. That term applies equally to traditional, organic, and Organic Materials Review Institute (OMRI) pesticides. As a WSU-Extension volunteer, you will be expected to provide the public with a full range of information based upon WSU's Integrated Pest Management (IPM) strategy. IPM includes cultural, physical, varietal resistance, and bio-control as well as labeled pesticides approved by EPA, WSDA, and WSU, when needed. This allows the client to make an informed decision. This policy will be discussed fully during training.

    - Do you anticipate any problems recommending chemicals and signing an agreement to that effect? Yes* ◯ No ◯

      *If you answer "Yes" then you must contact the Master Gardener Coordinator to discuss your concerns. This is a WSU requirement for the protection of WSU and of all volunteers in any program where pesticides (organic, OMRI, or traditional) may be recommended.

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 <u>DO</u>** 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 <u>DO NOT</u>** 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.

Revised 08/2021

WSU Extension Volunteer Application

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 code)

Name:

Relationship Home Phone Work Phone Email

Address:

(Street, City, State, Zip code)

Name:

Relationship Home Phone Work Phone Email

Address:

(Street, City, State, Zip code)

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:*

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 Toni Gwin at WSU Extension at PO Box 88 South Bend WA 98586. (360) 875 9331. *tgwin@wsu.edu* at least two weeks prior to the beginning of training.

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