



**Commitment to WSU Master Gardener Program of Mason County.**

**Please read and sign below and return to the WSU Extension office.**

*I wish to become a WSU Master Gardener in Mason County. I have read the Master Gardener Volunteer Job Description and can fulfill all the requirements. If enrolled in the program, I agree to attend ALL training sessions. I will volunteer a minimum of 90 hours of volunteer service during the two years following training and will complete the prescribed requirement for continuing education per year to achieve and maintain Master Gardener certification. I understand a \$150 fee is administered to cover cost of materials provided. (Please call Jeanne Rehwaldt for information on scholarships and payment options.) If I am unable to fulfill the volunteer hour requirement I will pay an additional \$160 to the program in lieu of volunteer hours.*

Please contact us if you have any questions or wish further information. Thank you!

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Please return form to:**

**WSU Extension  
R. Jeanne Rehwaldt  
Master Gardener Volunteer Program  
11840 N. Highway 101  
Shelton, WA 98584**

**WASHINGTON STATE UNIVERSITY  
EXTENSION VOLUNTEER APPLICATION FORM  
(To be completed by all potential Volunteers)**

**I. GENERAL INFORMATION**

**Name:**

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Maiden)

**Mailing  
Address**

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

**Phone:** Day: (     ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Eve: (     ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Length of time at this address (years):** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_

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**II. WSU Master Gardener Program Application**

**WSU Mason County Extension**



**WSU Master Gardener  
Program Enrollment Form**

**WSU Mason County Extension**

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**Please list any 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)

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2-year community college (major studies)

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4-year college (major studies)

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Horticulture degrees, training or certifications (specify)

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**Horticulture, gardening and experience** (any personal, volunteer or work experience)

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**How many years experience?**

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**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

**Affiliations related to horticulture**

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**Volunteer experience in the community**

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**Other skills, interests or experience (This is just as important as prior gardening experience. We need people with all types of experience to help further our program goals.)**

- \_\_\_\_\_ computers
- \_\_\_\_\_ website development
- \_\_\_\_\_ artwork, displays
- \_\_\_\_\_ photography
- \_\_\_\_\_ drawing/illustrating
- \_\_\_\_\_ writing//publishing
- \_\_\_\_\_ proofreading
- \_\_\_\_\_ marketing/fundraising
- \_\_\_\_\_ research/data collection
- \_\_\_\_\_ public speaking/teaching
- \_\_\_\_\_ other \_\_\_\_\_

**Specific information on any of the above skills**

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**Why do you wish to become a Master Gardener volunteer? \***

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**Do you have a health or medical condition that we need to accommodate for training? Please explain. \***

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

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**Any other information about yourself you would like us to have?**

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**BACKGROUND DISCLOSURE**

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

1. Convicted of any crime against children or other persons.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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4. 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.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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5. 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.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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6. 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.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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**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.

**Applicant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, let the local WSU Extension office know.