

MASTER GARDENER VOLUNTEER APPLICATION FORM



County: _____ Date of Application: _____

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

() _____ () _____
Home Phone (with area code) Work Phone (with area code)

() _____ () _____
Cell Phone (with area code) Email Address

Ethnicity and Gender (Optional) Please check the one that best applies:

- Female Male
 American Indian/Alaskan Native Hispanic/Latino Asian/Pacific Islander
 Black/African American White

Occupation (if retired, occupation at time of retirement): _____

Please complete the following (attach additional pages if necessary)

1. Why do you want to become a UCCE Master Gardener? _____

2. Please list volunteer groups you have been involved in, and what type of activity you participated in with these groups. (Leadership, projects, fund raising, schools, service clubs (e.g., Rotary, etc.) church groups, senior citizens, youth groups, etc.):

3. Tell us about a special project or activity you have initiated and completed in your community or work. (Special event, fundraiser, boy/girl scout, church event, etc.): _____

4. Years of gardening experience _____. Detail type(s) of gardening experiences and any related formal training and/or your personal gardening interests: _____

5. What languages do you speak? _____
6. What is your highest degree level? (Please circle one): None High School AA BS or BA Masters PhD
7. What previous volunteer experience do you have? _____
8. What times of the day are you most available to volunteer?
Monday: a.m. _____ p.m. _____ Wednesday: a.m. _____ p.m. _____ Friday: a.m. _____ p.m. _____
Tuesday: a.m. _____ p.m. _____ Thursday: a.m. _____ p.m. _____ Saturday: a.m. _____ p.m. _____
9. What special skills would you bring to the program (e.g., artistic, computer skills, arts and crafts, construction, photography, finance, teaching)? _____



10. What teaching/communication experience do you have? List types of experiences:
- a. Writing articles _____
 - b. Speaking to large groups (30+ people) _____
 - c. Speaking to small groups (<30 people) _____
 - d. Demonstrations to groups _____
 - e. One to one consultations _____
 - f. Educational art displays _____
 - g. Other (please describe) _____
11. How did you learn about the UCCE MGP? _____
12. Have you applied to be a Master Gardener previously? _____ When? _____ Where? _____
13. What are your expectations of being a MG volunteer? _____

I wish to be considered for acceptance into the UCCE MGP training program offered by the University of California Cooperative Extension. I understand that if I am accepted, I will become a certified UCCE MGP volunteer when I complete 15 weeks of classes and pass a written examination by 70%. I understand, that in exchange for the training made possible by the program, I will volunteer at least 50 hours of volunteer time to the UCCE MGP within one calendar year of 2012, attend all training classes, submit monthly time sheets, follow University policies and procedures while acting as a Master Gardener and agree to a background and fingerprint screening prior to the beginning of the training program. I also agree to complete the forms required for appointment which include: Proof of valid driver's license and insurance (only if driving will be part of your duties as a volunteer), the Code of Conduct and information release.

Signature: _____ Date: _____

University of California Cooperative Extension
 Master Gardener Program

Volunteer Name: _____ **County:** _____
Application Date: _____

All fees payable to UC Regents upon acceptance into the Master Gardener Program

County Use Only							
							Cash or Check # _____
Proof of Current Drivers License	Proof of Auto Liability Insurance	Background Check Completed	Orientation	Code of Conduct/ Rights & Responsibilities	Other:	Date Received	Fees Paid \$ _____

In compliance with the California Information Practices Act of 1977, the following information is provided: The information on this form is being requested by the University of California Cooperative Extension for use in the Master Gardener Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE county director, the Master Gardener Advisor or County Program Coordinator or the statewide Academic Coordinator for the Master Gardener Program at: *Statewide Master Gardener Academic Coordinator, University of California, DANR NC&MR Office, One Shields Avenue, Davis, Ca 95616-8575.*

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the civil Rights Act of 1964 and sex information is requested to maintain compliance with Title IX of the Education Amendments of 1972. Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal Affirmative Action Program Report. Statistical information includes sex, ethnic information and residence location. Submission of the above noted information is voluntary and if the information is not submitted by the source, the county master gardener staff may use his or her judgment to complete the information and satisfy Federal reporting requirements. Other personal information on this form is being collected to provide the County Extension Master Gardener staff with information to assist in program planning. This information consists of name, address, phone and email in addition to your skill set assessment.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities. Inquires regarding the University's non-discrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California Agriculture and Natural Resources, 1111 Franklin St. 6th floor, Oakland, CA 94607-5200, phone: (510) 987-0097.

University policy is intended to be consistent with the provisions of applicable state and federal laws.