

**Washington State University Extension
Clark County Master Gardener Program
Volunteer Application 2009**

Mail to:
WSU Master Gardeners
CASEE Building C Suite 100
ATTN: Carolyn Gordon
11104 NE 149th Street
Brush Prairie, WA 98606

Fee is \$210.00 by Mastercard, VISA or check or
M.O. only payable to "WSU"
in addition to completing this form, you must register online at : <https://ocrs.wsu.edu/Signup/?eventid=501>

Please Print

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

Nickname or "preferred" name for Name Badge:

Example of "preferred" name:
If your full name is Robert James Jones,
you might prefer Bob Jones on a Name Badge.
Mary Ellen White-Jones might prefer Ellen White.

(First) (Last)

Mailing Address: _____
(Street)

(City, State, ZIP)

Actual Street Address: Check here if street address is the same as mailing address above.
If they are different, fill in street address below. Otherwise, leave blank.

Length of time at current address: _____

Telephone Number(s): _____
Indicate Home, Cell, Work, when to call, etc. Email address: _____

Why are you interested in being a Volunteer in the Master Gardener Program?

More Questions on Page 2

Employment/Volunteer experience

Your Name: _____

• Check all that apply

Currently working as _____ for _____
 Full time (Job) (Employer)

Part time

Retired from _____ for _____
(Job) (Employer)

Currently volunteering at _____

Previous employment or volunteering _____

Other _____

When are you free to volunteer? _____
(evenings, days, weekends, etc.)

Education/Training

Degree _____ in _____
(B.S., A.A., etc) (Subject)

Abilities or knowledge

Foreign language(s):

• Check all that apply

Audio-visual operations

Grant writing

Fundraising

Photography, videography

Graphic arts

Public speaking

Teaching

Writing, editing Newsletter

Public relations

Financial planning

Marketing

First Aid

Carpentry, Odd jobs

Office, clerical skills

Safe food practices

Accounting, bookkeeping

Leadership

Research, data collection

Other skills:

Management

American Sign language

Computers:

Data entry

Using a database

Email

Web pages

Powerpoint

More Questions on Page 3

Background disclosure

Please Print

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

Former name, maiden name, alias, any other name used: _____

Date of Birth: _____
(Month) (Day) (Year)

Driver's License Number: _____ Exp. Date _____ Issued by state of _____

Or other government ID
Specify: _____

Answer YES or NO to each item below. If any answer is YES, explain at the bottom of this page including the charge, court findings, dates, and the courts involved.

A criminal record is considered as it relates to the specifics of the volunteer position for which you are applying, and may prevent an individual from volunteering, depending upon the nature of the offences.

Have you ever been:

1. _____ Convicted of any crime against children or other persons?
2. _____ Convicted of crimes relating to financial exploitation of a vulnerable adult?
3. _____ Convicted of crimes related to drugs as defined in RCW 43.43.830?
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?
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?
6. _____ Found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
7. _____ Found by a court in a protection proceeding under RCW 74.34 to have abused or financially exploited any vulnerable adult?

If any answer was YES, explain below including the charge, court findings, dates, and the courts involved.

More Questions on Page 4

Your Name: _____

List 3 non-family members who have direct knowledge of your skills, abilities, and qualifications.

Provide full names, complete addresses, complete telephone numbers, and current Email addresses.

1. _____

2. _____

3. _____

I authorize the contact of listed References, and a criminal background check prior to final appointment as a volunteer for WSU Extension Master Gardener Program.

I understand that misrepresentation or omission of any required information is just cause for non-appointment as a volunteer for WSU Extension Master Gardener Program.

I understand that I serve at the pleasure of WSU Extension Master Gardener Program, and agree to abide by the policies of WSU Extension, and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____

Date: