

California Master Gardener Program
MASTER GARDENER
VOLUNTEER APPLICATION FORM
 University of California Cooperative Extension



County _____ Date of Application _____

First Name _____ Last Name _____ Gender: Female Male

Mailing Address _____ City _____ State _____ Zip _____

Please check your preferred phone contact:

() _____
 Cell Phone (with area code)

() _____
 Home Phone (with area code)

_____ Email Address (required)

How long have you been a resident of California? _____

Ethnicity (check one that best applies):

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

County Use Only						
Drivers License Expiration Date	Proof of Auto Liability Insurance	Background Check Completed	Orientation	Code of Conduct/ Rights & Responsibilities	Date received	Cash or Check # _____ 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: Director-Statewide Master Gardener Program, University of California, P.O. Box 697,Orland, CA 95951.

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.

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, fundraising, schools, service clubs, church groups, senior citizen or youth groups):

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

4. What times of the day are you most available to volunteer? Please check all that apply.

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. _____

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

6. What special skills or work experience could you bring to the program? (computer skills, social media, construction, photography, presentation, landscape/horticultural experience, marketing, fundraising or other.)

7. What teaching/communication experience do you have? List types of experiences:
 - Writing articles _____

 - Speaking to large groups (30+ people) _____

 - Speaking to small groups (<30 people) _____

- One to one consultations _____

- Educational exhibits _____

- Other (please describe) _____

8. How did you learn about the UCCE Master Gardener Program? _____

9. Have you applied before? _____ When? _____

10. What are your expectations of being a UCCE Master Gardener? _____

11. In one page or less, tell us something about yourself. Please attach to this application.

I wish to be considered for acceptance into the UCCE Master Gardener training program offered by the University of California Cooperative Extension. I understand that if I am accepted, I will become a certified UC Master Gardener when I complete 14 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 by June 30, 2019, attend all the training classes, and follow University policies and procedures while acting as a UC Master Gardener and agree to a background and fingerprint screening prior to the beginning of the training program.

Signature: _____ Date: _____

Please return this application to the address listed below. Applications must be received by 5:00 p.m. on Thursday, September 21, 2017. Late applications will not be accepted.

Master Gardener Program
UC Cooperative Extension
1500 Purisima Creek Road
Half Moon Bay, CA 94019
Phone: 650-276-7430

Please email any questions to: smsfmgapplicant@gmail.com