



California Master Gardener Program MASTER GARDENER VOLUNTEER APPLICATION FORM

University of California Cooperative Extension



Trinity

County _____

Date of Application _____

First Name _____

Last Name _____

Gender:

Female

Male

Mailing Address _____

City _____

State _____

Zip _____

(____) _____
Home Phone (with area code)

(____) _____
Work Phone (with area code)

(____) _____
Cell Phone (with area code)

Email Address (required, if applicable)

How long have you been a resident of California? _____

Ethnicity (check one that best applies):

- American Indian/Alaskan Native
 Black/African American

- Hispanic/Latino
 White

- Asian/Pacific Islander

County Use Only								
								Cash or Check # _____
Drivers License # & Expiration Date	Proof of Auto Liability Insurance	Waiver of Liability	Background Check Completed	Photograph & Information Release	Orientation	Code of Conduct/ Rights & Responsibilities	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 Ave.
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.



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, etc.) (Schools, service clubs (Rotary, etc.) church groups, senior citizens, youth groups, etc.): _____

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

4. 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. _____
5. 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.): _____

6. What special skills could you bring to the program? (artists, computer skills, arts and crafts, construction, photography): _____

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) _____
 Demonstrations to groups _____
 One to one consultations _____
 Educational art displays _____
 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? _____

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 17 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 MG Program within one calendar year of July 1, 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 during the training program.

Signature: _____ Date: _____

Please return this application to the address listed below or deliver to the UCCE Weaverville Office, Young Family Ranch, 260 Oregon Street, Weaverville, CA 96093. Applications must be received by 6:00 p.m. on Wednesday, January 11th, 2012. Late applications will not be accepted.

Master Gardener Program
UC Cooperative Extension
P.O. Box 1468
Weaverville, CA 96093

If you have questions, please call: (530) 623-3746 ext 1



University of California Master Gardener Program Application Supplement

Please answer the questions below. After completing the form, please detach this sheet from your application and place into a separate confidential envelope. Please write your name on the front of the envelope. To protect your privacy, your answers will be reviewed only by the University of California County Director or other designated "Custodians of Records" in the county office in which you are applying to the Master Gardener Program. This information will

be reviewed by the UC County Director pending the outcome of your DOJ clearance.

The purpose of requesting the following information is to provide a safe environment for all people involved with Master Gardener activities. Furnishing all information requested on this form is required as part of our due diligence prior to requesting Department of Justice clearance for you. Individuals have the right to review their own records in accordance with the Division of Agriculture and Natural Resources

Administrative Handbook. Information on these policies may be obtained from the Controller and Business Services Director, Agriculture and Natural Resources, University of California

Date: _____

Your Name _____

County Name Trinity _____

1. Have you ever been convicted of a felony, of child abuse, neglect or any sexual offense? If yes, please explain.
2. Are there any other acts or circumstances involving your background relative to your ability to act as a UC Master Gardener? If yes, please explain