WASHINGTON STATE UNIVERSITY EXTENSION
2014 Community Garden Training
Application

(Please read ALL the information on this application before signing)

Training Track: (please check one box)
☐ Master Garden Community Garden Specialist (MGCGS)
☐ Certified Community Garden Specialist (CCGS)

I. GENERAL INFORMATION

Name: ____________________________________________
(First) (Middle) (Last)

Mailing Address: ____________________________________________
(Street) (City) (Zip)

Phone: (Please check the numbers on the right to include in the training roster)
Home: (  ) _____________ ☐ Work: (  ) _____________ ☐ Cell: (  ) _____________

Email: (Please print legibly) ____________________________________________

Name for Badge: ____________________________________________
(Please tell us how you’d like your name to appear on your badge)

Where did you hear about this training ____________________________________________

II. Community Garden Specialist Training Application

Training/education completed
☐ High school
☐ Technical/trade school (area of studies)

☐ 2-year community college (area of studies)

☐ 4-year college (area of studies)

☐ Horticulture degrees, training or certifications (specify)
Horticulture and gardening experience (personal, volunteer or work experience)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How many years of horticultural experience? __________________________________

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

_____ Pest management
_____ Insects
_____ Weeds
_____ Propagation
_____ Greenhouses
_____ Plant diseases
_____ Landscape design
_____ Soils
_____ Composting
_____ Community gardens
_____ Youth gardening
_____ Rain gardens
_____ Container gardening
_____ Other

Affiliations related to horticulture
__________________________________________________________________________
__________________________________________________________________________

Volunteer experience in the community
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Other skills, interests or experience

_____ Computers
_____ Data entry
_____ Website development
_____ Artwork/displays
_____ Photography
_____ Drawing/illustrating
_____ Writing/publishing
_____ Proofreading
_____ Marketing/fundraising
_____ Research/data collection
_____ Public speaking
_____ Teaching/education
_____ Working with youth
_____ Strategic planning
_____ Leadership skills
_____ Facilitation
_____ Community organizing
_____ Other _______________________

Specific information on any of the above skills:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you wish to become a Community Garden Specialist volunteer?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have a health or medical condition that we need to accommodate for training? Please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If you are able to speak, read, or write a language other than English, please list (including American Sign Language)

__________________________________________________________________________

Please list any times you are not available for volunteer work or training scheduling conflicts. (work schedules, anticipated trips, other commitments)

__________________________________________________________________________

Please identify any communities in Pierce County you are interested in working with including community gardens.

__________________________________________________________________________

Are you already working with a community garden? Please provide garden name, location and your role in the garden.

__________________________________________________________________________

__________________________________________________________________________

Any other information about yourself you would like us to know

__________________________________________________________________________

By signing here, I hereby grant permission to be photographed, without compensation, by Washington State University, understanding that the same is intended for publication by print media, newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, video, or motion pictures of photographs taken of me.

Applicant Signature: ____________________________ Date: _______________

Mail application with an enclosed self addressed stamped envelope to:

WSU – PC Master Gardener Program (Attn: CGS Application)
3602 Pacific Ave. Suite 200
Tacoma, WA 98418

Please contact Kerri Wilson (WSU PCMG Program Coordinator) with questions at 253-798-6943 or kerri.wilson@wsu.edu.

Applications must be received no later than, November 15th 2013.
III. PERSONAL REFERENCES and BACKGROUND CHECK

Name: 
(First) (Middle) (Last) (Maiden/Other Names)

Address: 
(Street) (City) (Zip)

Length of time at this address (years): _______ Date of Birth (MM/DD/YY): _________

Have you ever been convicted of a misdemeanor or a felony? ___ Yes ___ No
If yes, please give date, nature, and disposition of offense.

___________________________________________________________________________________

Has anyone living at your residence been convicted of a misdemeanor or a felony? ___ Yes ___ No
If yes, please give date, nature, and disposition of offense.

___________________________________________________________________________________

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.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

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Address: ____________________________ (Street) (City) (State) (Zip)

I authorize the contact of listed references and understand that a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Printed Name: ____________________________

Applicant Signature: ____________________________ Date: ____________________________