

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)

- | | |
|---|--|
| <input type="checkbox"/> Annuals | <input type="checkbox"/> Pest management |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Roses | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Lawns | <input type="checkbox"/> Propagation |
| <input type="checkbox"/> Ornamental grasses | <input type="checkbox"/> Greenhouses |
| <input type="checkbox"/> Native plants | <input type="checkbox"/> Plant diseases |
| <input type="checkbox"/> Wildlife habitat | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Soils |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Composting |
| <input type="checkbox"/> Houseplants | <input type="checkbox"/> Community gardens |
| <input type="checkbox"/> Fruit trees | <input type="checkbox"/> Youth gardening |
| <input type="checkbox"/> Berries and grapes | <input type="checkbox"/> Rain gardens |
| <input type="checkbox"/> Trees and shrubs | <input type="checkbox"/> Container gardening |
| <input type="checkbox"/> Pruning | <input type="checkbox"/> 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.

Name: _____ Relationship _____ Home Phone _____ Work Phone _____
 Address: _____
 (Street) (City) (State) (Zip)

Name: _____ Relationship _____ Home Phone _____ Work Phone _____
 Address: _____
 (Street) (City) (State) (Zip)

Name: _____
 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:** _____