

Complete and return by: November 19, 2010 Please fill out BOTH pages of this form.

Mail to:
Island County WSU Extension
101 NE 6th
PO Box 5000
Coupeville, WA 98239

MASTER GARDENER APPLICATION
PLEASE PRINT OR TYPE

I wish to apply for training as a Washington State University Master Gardener. I understand that if accepted into training, I will become a community educator and volunteer **85** hours of service over the next **TWO YEARS** to the Island County Master Gardener Program. If I should continue to serve as a Master Gardener in Island County in future years, I will agree to give **25** hours of voluntary service during each of those succeeding years. All service as an Island County Master Gardener must meet the standards of Washington State University and the local office.

Name _____ E-mail address: _____

Mailing Address _____ Fax No: _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Signed _____

How many years of gardening experience? _____ Number of years in the PNW? _____ On Whidbey? _____

How long do you plan to live here? _____ Are you presently employed? Yes No
Occupation _____ full or part-time

What is your academic background and/or work experience? _____

Which of your work skills do you think may relate to being a WSU Master Gardener? _____

What do you think a WSU Master Gardener does? _____

Please tell us what value you think the WSU Master Gardener program has to our island community? _____

Can you attend a 6-week training session to be held two days per week from 9:00 A.M. to 4:00 P.M. during January and February 2011? Yes No

Please check the volunteer activity(ies) in which you think you might like to participate:

- Answering the public's gardening questions in person
- Answering the public's gardening questions over the telephone
- Helping "behind the scenes" with seminars and programs
- Giving public presentations on gardening topics
- Helping with a demo garden

When would you be available to fulfill your volunteer hours? (check **all that apply**)

Weekday days Weekday evenings Weekends

(Over)

Which area(s) would you consider yourself most knowledgeable? Select *up to 4* and rank your choices from 1 to 4.
1 = most knowledgeable.

- | | | | |
|--|---|---|-------------|
| <input type="checkbox"/> Indoor Plants | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Annuals | Other _____ |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Ornamental Trees | <input type="checkbox"/> Ornamentals Shrubs | _____ |
| <input type="checkbox"/> Bulbs | <input type="checkbox"/> Fruits | <input type="checkbox"/> Roses | _____ |

List any garden clubs or plant societies with which you are currently or have been affiliated. _____

Please list **any** present or previous volunteer involvement including service clubs, church groups, etc. What did you do specifically and for how long? _____

Have you worked with the public before? Yes No In what way? _____

Some activities may require public speaking. Do you feel comfortable speaking before a group? Yes No
Do you have experience speaking before groups? Yes No

Please write a short paragraph explaining why you want to become a WSU Master Gardener.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability and sexual orientation. Evidence of noncompliance may be reported through your local Extension Office.

Persons with a disability requiring special accommodation while participating in this program may call WSU Extension at 360-240-5527 or 360-321-5111, ext. 5527. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.