



University of California

Agriculture and Natural Resources

UCCE Master Gardener Program

Volunteer Application Form

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)

How long have you been a resident of California? _____

County Use Only						
Driver's License #	Proof of Auto Liability Insurance	Background Check Completed	Orientation	Code of Conduct/Rights & Responsibilities	Date received	Cash or Check # _____
Expiration Date						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 (UCCE) for use in the UCCE 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, Advisor, Program Coordinator or the statewide Director for the UC Master Gardener Program at: UC Master Gardener Program, 2801 2nd Street, Davis, CA 95618-7779.

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, Division of Agriculture and Natural Resources (UC ANR) prohibits discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a protected veteran or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 [USERRA]), as well as state military and naval service. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's non-discrimination policies may be directed to the Affirmative Action Contact and Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1318.

Ethnicity:

Are you of Hispanic ethnicity? Yes No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (check all that apply):

American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Prefer Not to State

Please complete the following:

1. Why do you want to become a UCCE Master Gardener? _____

2. List volunteer groups you have been involved in, and what type of activity you participated in with these groups? (Leadership, projects, fund raising, 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? 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, fundraiser, church event, etc.): _____

6. What special skills could you bring to the program? (Fundraising, computer skills, social media, construction, photography, etc.)

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

Writing articles (Yes/No)_____

Speaking to large groups (30+ people) (Yes/No)_____

Speaking to small groups (<30 people) (Yes/No) _____

Demonstrations to groups _____

One on one consultations _____

Educational displays or literature _____

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 UCCE Master Gardener upon successful completion of the training classes and pass a written examination with a minimum score of 70%.

I understand that in exchange for the training offered by the program, I will volunteer a minimum of 50 hours of volunteer time to the UCCE Master Gardener Program within one calendar year after the training, record volunteer hours monthly, and follow University policies and procedures while acting as a UCCE Master Gardener.

I 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 October 1, 2018. Late applications will not be accepted.

UCCE Master Gardeners of San Luis Obispo County
UC Cooperative Extension
2156 Sierra Way, Suite C
San Luis Obispo, CA 93401
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