



Please return by September 29, 2023 by 5 pm

MASTER GARDENER VOLUNTEER APPLICATION FORM

County: \_\_\_\_\_ Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone (with area code) Work Phone (with area code)

( ) \_\_\_\_\_ \_\_\_\_\_  
Cell Phone (with area code) Email Address

Ethnicity and Gender (Optional) Please circle the one that best applies:

- |                                |                 |                        |              |
|--------------------------------|-----------------|------------------------|--------------|
| Female                         | Male            | Non-Binary             | Other: _____ |
| American Indian/Alaskan Native | Hispanic/Latino | Asian/Pacific Islander |              |
| Black/African American         | White           | Other: _____           |              |

Occupation (if retired, occupation at time of retirement): \_\_\_\_\_

Please complete the following (attach additional pages if necessary)

- Why do you want to become a UCCE Master Gardener? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please list volunteer groups you have been involved in, and what type of activity you participated in with these groups. (Leadership, projects, fund raising, schools, service clubs (e.g., Rotary, etc.) church groups, senior citizens, youth groups, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- Years of gardening experience \_\_\_\_\_. Detail type(s) of gardening experiences and any related formal training and/or your personal gardening interests: \_\_\_\_\_  
\_\_\_\_\_
- 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. or areas of interest, specialization or hobbies):  
\_\_\_\_\_  
\_\_\_\_\_
- What languages do you speak? \_\_\_\_\_
- How did you learn about the UCCE MGP? \_\_\_\_\_
- Please list group affiliations (garden clubs, plant societies, community gardens, etc.): \_\_\_\_\_
- 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. \_\_\_\_\_
- What special skills would you bring to the program (e.g., artistic, computer skills, arts and crafts, construction, photography, finance, teaching)? \_\_\_\_\_  
\_\_\_\_\_

10. What teaching/communication experience do you have? List types of experiences:
- a. Writing articles \_\_\_\_\_
  - b. Speaking to large groups (30+ people) \_\_\_\_\_
  - c. Speaking to small groups (<30 people) \_\_\_\_\_
  - d. Demonstrations to groups \_\_\_\_\_
  - e. One to one consultations \_\_\_\_\_
  - f. Educational art displays \_\_\_\_\_
  - g. Other (please describe) \_\_\_\_\_

11. Have you applied to be a Master Gardener previously? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

12. What are your expectations of being a MG volunteer? \_\_\_\_\_

13. To become a certified Master Gardener, you will be expected to volunteer 50 hours of your time. **Much of your volunteer work will be interacting with the public either in person or through the phone.** Please indicate what additional categories you will be willing to participate in. (see enclosed descriptions)

- Plant Clinics
- Plant Sale Fundraisers
- Newsletter Articles
- Public Events/Outreach
- Office Duty (Plant Diagnostics)
- Farmers Markets (Saturdays)
- Talks, classes, Demos, & Workshops (Location may vary within Sutter/Yuba Counties)

14. What other ideas do you have of some types of volunteer Master Gardener work you can do in completion of your volunteer commitments?

15. Specify why you will fulfill your volunteer commitment. \_\_\_\_\_

I wish to be considered for acceptance into the UCCE MGP training program offered by the University of California Cooperative Extension. I understand that if I am accepted, I will become a certified UCCE MGP volunteer when I complete 16 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 UCCE MGP within one year of certifying, attend all training classes, submit volunteer hours, follow University policies and procedures while acting as a UC Master Gardener and agree to a background and **fingerprint screening prior to the beginning of the training program.** I also agree to complete the forms required for appointment which include: Proof of valid driver's license and insurance (only if driving will be part of your duties as a volunteer), the Code of Conduct, Annual Volunteer Agreement and pay an annual nominal insurance fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(All fees payable to UC Regents upon acceptance into the UC Master Gardener Program)

County Use Only						Cash or Check # _____	
Proof of Current Driver's License	Proof of Auto Liability Ins.	Background Check	Orientation	Conduct / Rights & Responsibilities	Other:	Date Received	Fees Paid \$ _____

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.

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.

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