



University of California

Agriculture and Natural Resources

UCCE Master Gardener Program

UC Master Gardener Volunteer Application Form

County		Date of Application	
First Name	Last Name	Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Mailing Address		City	State
()		()	
Home Phone (with area code)		Work Phone (with area code)	
()		Email Address (required)	
Cell Phone (with area code)			

How long have you been a resident of California? _____

Ethnicity (check one that best applies):

- American Indian/Alaskan Native
 Hispanic/Latino
 Asian/Pacific Islander
 Black/African American
 White

County Use Only						
Drivers 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 for use in the 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, the Master Gardener Advisor or County Program Coordinator or the statewide Academic Coordinator for the Master Gardener Program at: Missy Gable-Statewide Master Gardener Program, University of California, 225 Hopkins Road, Davis, CA 95616.

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 prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, 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. Inquires regarding the University's non-discrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California Agriculture and Natural Resources, 1111 Franklin St. 6th floor, Oakland, CA 94607-5200, phone: (510) 987-0097

University policy is intended to be consistent with the provisions of applicable state and federal laws.

Please Complete the following (attach additional pages if necessary)

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

2. Please list volunteer groups you have been involved in, and what type of activity you participated in with these groups. (Leadership, projects, fund raising, etc.) (Schools, service clubs (Rotary, etc.) church groups, senior citizens, youth groups, 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? Please 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, boy/girl scout, church event, etc.): _____

6. What special skills could you bring to the program? (artists, computer skills, arts and crafts, construction, photography) _____

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

 - Speaking to large groups (30+ people) _____

 - Speaking to small groups (<30 people) _____

 - Demonstrations to groups _____

One to one consultations _____

Educational art displays _____

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. A fee of \$200.00. (to cover books & materials) is due and payable to UC Regents upon acceptance into the Master Gardener Training Program. I understand that if I am accepted, I will become a certified UC Master Gardener 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 Master Gardener program within one calendar year, beginning July 1, 2018, attend all training classes, submit monthly time sheets, follow University policies and procedures while acting as a 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 and photo and information release.

Signature: _____ Date: _____

Please return this application to the address listed below. Applications must be received by 5:00 p.m. on Friday, November 3, 2017. Late applications will not be accepted.

Master Gardener Program
UC Cooperative Extension
5009 Fairgrounds Road
Mariposa, CA 95338

If you have questions, please call: 209-966-2417

Volunteer Name: _____ County: _____

Application Date: _____

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