



University of California

Agriculture and Natural Resources

UCCE Master Gardener Program

Volunteer Application Form

UC Master Gardener Program Administrative Handbook, Appendix 2 (Merced County modified)

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 prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition(cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities. Inquiries regarding the University's non-discrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, UC Division of Agriculture and Natural Resources, 2801 2nd Street, Davis, CA 95618-7779, phone: (530) 750-1318. University policy is intended to be consistent with the provisions of applicable state and federal laws.

Race and Ethnicity (check all that apply):

- Hispanic** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 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, attach additional pages if necessary:

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.) (Schools, service clubs, Rotary, 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? 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? (Fundraising, computer skills, arts and crafts, construction, photography, etc.) _____

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 of Merced County 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 when I complete 17 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 of June 30, 2017, attend all training classes, submit monthly time sheets, 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 at my cost. This information will be given when written acceptance to the training program is granted. I also agree to remit \$195. 00 (if check - make out to UC Regents) when my written acceptance to the training program is made, but no later than Friday, December 9, 2016. If check or payment is submitted with this application it will not be processed until after my written acceptance to the training program is made. Interviews will be scheduled at the time the application is returned.

Signature: _____ Date: _____

Please return this application to the address listed below. Applications must be received by 5:00 p.m. on Monday, October 31, 2016. Late applications will not be accepted. If you have any questions please contact the office at the number below.

UCCE Master Gardeners of Merced County
UC Cooperative Extension
2145 Wardrobe Ave
Merced, CA 95341-6445
Phone: 209-385-7403 Fax: 209-722-8856
Email: anrmgmerced@ucanr.edu
Website: <http://www.ucanr.org/mgmerced> or <http://cemerced.ucanr.edu>