University of California
Agriculture and Natural Resources

UCCE Master Gardener Program
Santa Barbara County

Volunteer Application Form

Date_____

_____

First Name Last Name Gender: Female ☐ Male ☐

_____

Mailing Address City State Zip

( ) _____ ( ) _____

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

( ) _____ _____

Mobile Phone (with area code) Email Address (required)

How long have you been a resident of California? _____

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**

County Use Only						
Driver's License # Expiration Date	Proof of Auto Liability Insurance	Background Check Completed	Orientation	Code of Conduct/ Rights & Responsibilities	Date received	Cash or Check #_____ Fees Paid $_____

Please complete the following, attaching additional pages if necessary:

1. Share why you want to become a UCCE Master Gardener. Include your expectations for the program.
   _____
   _____
   _____
   _____

2. Tell how many years you've been gardening and describe your personal gardening experiences (interests, training, organizational participation, etc.)
   _____
   _____
   _____
   _____

3. What is your ideal volunteer schedule? Describe your availability daily, weekly, and/or monthly.
   _____
   _____
   _____
   _____

4. Master Gardeners volunteer their time to educate home gardeners. Likewise, you have probably been involved in projects or activities with other community groups (service clubs, youth organizations, church groups, etc.) Detail your volunteer involvement with one particular project or event.
   _____
   _____
   _____
   _____

5. Master Gardeners come from all walks of life and their various backgrounds enrich the organization. Describe any special skills or abilities you can bring to the program (public speaking, social media, technology, writing, teaching, fund-raising, etc.)
   _____
   _____
   _____
   _____

6. Tell us how you learned about the UCCE Master Gardener Program. _____
   _____
   _____

7. Have you applied before in Santa Barbara County? _____ When? _____

8. Have you been a Master Gardener in another county or another state? _____
   If so, where and when? _____

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 when I complete the classes and pass a written examination by 70%.

I understand, that in exchange for the training made possible by the program, I will volunteer 50 hours of volunteer time and required to complete 12 hours of Continuing Education to the MG Program within one calendar year from July 1, 2017 to June 30, 2018, attend all training classes, submit monthly time sheets, 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: _____

Application Deadline
Please return this application to the email or address listed below. Applications must be received by 5:00 p.m. on **Wednesday, September 26, 2018**. Late applications will not be accepted.

UCCE Master Gardeners of Santa Barbara County
7127 Hollister Avenue, Suite 7
Goleta, CA 93117
Phone: 805-893-3485
Email: anrmgsb@ucanr.edu

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.

Revised June 2017