



**California Master Gardener Program**  
**MASTER GARDENER VOLUNTEER**  
**Mendocino County Application Form**  
 University of California Cooperative Extension



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

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Female

Male

Mailing Address, City, State, Zip \_\_\_\_\_

( ) ( )

( ) ( )



Preferred phone with area code \_\_\_\_\_

Secondary Phone—specify work or cell phone and hours \_\_\_\_\_

Email address (required) \_\_\_\_\_

How long have you been a resident of California? \_\_\_\_\_

**Ethnicity** (circle one that best applies): American Indian/Alaskan Native    Pacific Islander    Non-Hispanic White

Black/African American    Hispanic (country of origin \_\_\_\_\_)

County Use Only						
						Check or Credit Card
						-
Drivers License # & Expiration Date	Proof of Auto Liability Insurance	Background Check Completed	Orientation	Code of Conduct/ Rights & Responsibilities	Date received	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:  
 Misy Gable, Director-Statewide Master Gardener Program  
 University of California, Agriculture and Natural Resources  
 2801 Second Street—Davis, CA 95618

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. 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?

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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.): \_\_\_\_\_

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3. Years of gardening experience \_\_\_\_\_. Detail type(s) of gardening experiences and any related formal training and/or your personal gardening interests: \_\_\_\_\_

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4. 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. \_\_\_\_\_

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.): \_\_\_\_\_

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6. What special skills could you bring? (computer skills, foreign language, arts and crafts, construction, photography): \_\_\_\_\_

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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?

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9. Have you applied before? \_\_\_\_\_ When? \_\_\_\_\_

10. What are your expectations of being a UCCE Master Gardener?

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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 UC Master Gardener when I complete 16 weeks of classes and pass a written examination by at least 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 MG Program within one calendar year of graduation, 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 understand that there is a training fee of approximately \$200, payable by check or online credit card service to cover program costs.

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

If you have questions, please call: Wendy Roberts, Mendocino County Master Gardener Coordinator at 707 937-4702 or e-mail: [waroberts@ucanr.edu](mailto:waroberts@ucanr.edu)

Applications may be e-mailed to: [waroberts@ucanr.edu](mailto:waroberts@ucanr.edu)

or mailed to:

UC ANR Master Gardener Program  
% Wendy Roberts  
P.O. Box 666  
Mendocino, CA 95460