



## Annual Volunteer Agreement

UC Master Gardener Program Administrative Handbook, Appendix 3

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Select ONE of the following **six** options. Sign and print your name and date under the selection option. Return completed form to your local UC Master Gardener Program Coordinator or UCCE office staff.

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### For those who have completed their volunteer commitment and continuing education:

I have completed my UC Master Gardener Program volunteer and continuing education commitment for the 20\_\_ - 20\_\_ program year. I would like to reappoint for the 20\_\_ - 20\_\_ program year. As a condition of reappointment, I have signed the annual volunteer agreement, code of conduct, and other documents required by the county. If driving on UC Master Gardener Program business, I have provided proof of a valid California driver's license. I agree to carry the minimum automotive liability insurance required by the University of California.

I agree to volunteer the required hours (25 hours for renewing / 50 hours for first-year) to the UC Master Gardener Program in activities approved by UC ANR and UC Master Gardener Program staff. I also agree to obtain 12 hours of approved continuing education. I further agree to submit reports of my hours via the Volunteer Management System (VMS).

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### For those who have not completed their volunteer commitment and/or continuing education:

I have not completed my volunteer hours for the 20\_\_ program year.

I have not completed my approved continuing education requirements for the 20\_\_ program year.

I would like to reappoint for the 20\_\_ - 20\_\_ program year. As a condition of reappointment, I have signed the annual volunteer agreement, code of conduct, and other documents required by the county. If driving on UC Master Gardener Program business, I have provided proof of a valid California driver's license. I agree to carry the minimum automotive liability insurance required by the University of California.

I agree to volunteer the required hours (25 hours for renewing / 50 hours for first-year) to the UC Master Gardener Program in activities approved by UC ANR and UC Master Gardener Program staff, in addition to volunteering for any missing hours from the previous year. I also agree to obtain 12 hours of approved



continuing education. I further agree to submit reports of my hours via the Volunteer Management System (VMS).

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**For those who would like to be placed on “limited active” status:**

I would like to be placed on “limited active” Status for the 20\_\_ program year.

Please indicate the reason for requesting limited active status:

\_\_\_\_\_  
\_\_\_\_\_

I would like to request Limited Active status for the 20\_\_ - 20\_\_ program year. As a condition of reappointment, I have signed the annual volunteer agreement, code of conduct, and other documents required by the county. If driving on UC Master Gardener Program business, I have provided proof of a valid California driver’s license. I agree to carry the minimum automotive liability insurance required by the University of California.

I understand that UC Master Gardener volunteers with Limited Active status are exempt from volunteer and continuing education hour requirements. Limited Active status volunteers may participate in program activities to whatever extent possible while still maintaining their status as a volunteer. I understand that I may return to Active status during the next reappointment period. I understand that I may remain on Limited Active status for a period of up to three years. Failure to return to Active status after three years will result in becoming inactive/resigned.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**For those who do not wish to reappoint:**

- I do not wish to be reappointed. I understand that I am considered inactive/resigned from the UC Master Gardener Program. I may no longer use the title UC Master Gardener, UCCE Master Gardener, or act as an agent of the University of California.

Please indicate a reason for wishing to not reappoint (optional):

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**For those who would like to be placed on “trainee” status:**

- I would like to be placed on “trainee” status for the 20\_\_ program year.

I would like to request Trainee status for the 20\_\_ - 20\_\_ program year. As a condition of reappointment, I have signed the annual volunteer agreement, code of conduct, and other documents required by the county. If driving on UC Master Gardener Program business, I have provided proof of a valid California driver’s license. I agree to carry the minimum automotive liability insurance required by the University of California.

I understand that UC Master Gardener Trainees are exempt from volunteer and continuing education hour requirements and should actively participate in program training and activities as required while working towards certification.

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**Note: Trainees who have successfully completed their UC Master Gardener Program training are considered ‘First-Year Master Gardener Volunteers’ and should NOT reappoint as Trainees.**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**For those who would like to be placed on “First-Year Master Gardener” status:**

I would like to be placed on “First-Year Master Gardener” status for the 20\_\_ program year.

I completed my UC Master Gardener Program training program during the 20\_\_ - 20\_\_ program year. I would like to be appointed for the 20\_\_ - 20\_\_ program year.

As a condition of reappointment, I have signed the annual volunteer agreement, code of conduct, and other documents required by the county. If driving on UC Master Gardener Program business, I have provided proof of a valid California driver’s license. I agree to carry the minimum automotive liability insurance required by the University of California.

I agree to volunteer the required hours (50 hours for first-year) to the UC Master Gardener Program in activities approved by UC ANR and UC Master Gardener Program staff. I further agree to submit reports of my hours via the Volunteer Management System (VMS).

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_