



Request for Reinstatement

UC Master Gardener Program Administrative Handbook, Appendix 4

I, _____ wish to be reappointed as an Active UC Master Gardener volunteer in _____ County. I certify that I have been "inactive" for less than three (3) years and that I was in good standing in the UC Master Gardener Program in _____ County prior to my becoming inactive.

UC Master Gardener Graduation Year: _____ Period of inactivity: _____ (month/year through month/year)

Why was there a lapse in UC Master Gardener service?

As a condition of reinstatement and recertification, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability and provided Proof of California driver's license and I will carry the minimum automotive liability insurance when transporting Master Gardener volunteers, equipment or supplies.

- I agree to volunteer _____ hours to the UC Master Gardener Program in activities approved by the UC Master Gardener program coordinator or staff.
I agree to obtain _____ hours of approved continuing education and I further agree to submit reports of my hours.

Please return this form and above mentioned signed forms to the UCCE County Office. They may be mailed to: University of California Cooperative Extension, UC Master Gardener Program, Address, City, State, Zip

Signature: _____

Printed Name: _____ Date: _____

For Office Use Only

Table with 2 columns and 3 rows for office use: Approved, Must Attend Training Classes, list specific classes: Denied (state reason): Signature: Date: