



UC Master Food Preserver Volunteer Application Form

County of Residence

Date of Application

First Name

Last Name

Mailing Address

City

State

Zip

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Primary/Preferred Phone (with area code)

Secondary Phone (with area code)

Email (Required, please print each character clearly)

How long have you been a resident of California? _____

Ethnicity (check one that best applies):

American Indian/Alaskan Native

Hispanic/Latino

Asian/Pacific Islander

Black/African American

White

County Use Only

Drivers 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 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: Missy Gable-Statewide Master Gardener Program, University of California, 225 Hopkins Road, Davis, CA 95616.

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, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, 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. 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 UC Master Food Preserver?

2. How do you plan to use the information you learn in the UC Master Food Preserver Program to improve and strengthen California communities?

3. Volunteering is the heart of the UC Master Food Preserver Program. With what volunteer groups have you been involved (e.g. schools, food banks, service clubs, youth groups, community organizations)? What type of activity did you do with these groups (e.g. food distribution, community organizing, leadership roles, translation services)?

4. UC Master Food Preserver volunteers are teachers and communicators. Please list your experience with any of these teaching/communication methods: public speaking, demonstrations, one-on-one consultations, and writing for print or social media. Be sure to include both online and in-person communication.

5. Please describe any in-person or online food safety and food preservation education or experience you have or share why you are interested in learning about food safety and preservation.

6. Like many organizations, the UC Master Food Preserver Program relies on technology to deliver its mission. Please describe your proficiency with common technologies such as email, online meeting platforms (such as Zoom), using social media platforms, etc. If applicable, list any advanced technology experience with creating videos, writing blogs, and managing social media platforms.

7. Please share any non-food skills you would bring to the program. Skills could include speaking and writing in languages other than English, community organizing, graphic design, photography, fundraising, etc.

8. What times of the day are you often available to volunteer? Please check all that apply.

Weekdays Mornings Afternoons Evenings
 Weekends Mornings Afternoons Evenings

9. UC Master Food Preserver Commitment: UC Master Food Preservers must commit to the following requirements. Please initial each requirement you can commit to during your time as a volunteer.

- _____ Complete a criminal background check through the California Department of Justice.
 Current Master Gardeners and 4H Leaders with current DOJ checks please check here
- _____ Complete the required training course—including online lectures (or recordings), labs, homework, etc.
- _____ Consistently access the internet to check email, sign up for events, and complete necessary items.
- _____ Complete annual volunteer and continuing education requirements.

	Volunteer	Continuing Education (CE)
January 2025-June 2025	--	Complete Training Class
July 2025-June 2026	50 Volunteer Hours	0 CE Hours
July to June annually thereafter	25 Volunteer Hours	12 CE Hours

- _____ Complete annual recertification exam and required paperwork.
- _____ Complete the Photo/Video Release Statement (attached).

10. How did you learn about the UCCE Master Food Preserver Program?

I wish to be considered for acceptance into the UCCE Master Food Preserver training program offered by the University of California Cooperative Extension. A fee of \$175 (to cover books & materials) is due and payable to UC Regents upon acceptance into the Master Food Preserver Training Program. I understand that if I am accepted, I will become a certified UC Master Food Preserver when I complete all training class requirements and pass a written examination by 85%. 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 Food Preserver Program between January 1, 2025 and June 30, 2026, attend all training classes, follow University policies and procedures while acting as a Master Food Preserver and agree to a background and fingerprint screening prior to the beginning of the training program. I also agree to complete the forms required for appointment which include, Proof of valid driver's license and insurance (only if driving will be part of your duties as a volunteer), the Code of Conduct and photo and information release.

Signature: _____ Date: _____

Please return this application to the address listed below. Applications must be received by 5:00 p.m. on November 29, 2024.

Master Food Preserver Program
UC Cooperative Extension
5009 Fairgrounds Road
Mariposa, CA 95338

If you have questions, please call: 209-966-2417

All fees payable to UC Regents upon acceptance into the Master Food Preserver Training Program after acceptance.



Release Agreement

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called the "University") shall be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name. _____

Email _____

Date _____

Program County. _____

I agree to this model release for photo/video.

I do not agree to this model release for photo/video