University of California
Agriculture and Natural Resources

UCCE Master Gardener Program
San Luis Obispo County

Training Application

_____

First Name Last Name

_____

Mailing Address City Zip

_____ (____) _____

Email Phone

How long have you been a resident of California? _____

Please complete the following:

1. How did you learn about the University of California Cooperative Extension (UCCE) Master Gardener Program?

   _____

   _____

2. List volunteer groups you have been involved in, and what type of activity you participated in with these groups. (Leadership, projects, fund raising, etc.)

   _____

   _____

3. Years of gardening experience _____. Describe any related formal horticulture training and/or your personal gardening:_____

   _____

4. Describe any teaching, training or communication experience you have.

   _____

   _____

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

   _____

   _____

6. Have you applied before? _____ When/where? _____

7. Master Gardener Program Trainee Requirements:
   Please read and initial the following:

   ____If accepted, I will pay the course fee of $175.00 by November 19, 2019.

   ____If accepted, I agree to a background and fingerprint screening by December 31, 2019.

   ____ If accepted, I agree to attend the November 19, 2019 orientation class and the 19 weekly classes from January 7-May 26, 2020. I understand that I may miss no more than two scheduled classes to remain in the trainee program.

   ____ I understand that if I am accepted, I will become a certified UCCE Master Gardener upon successful completion of the training classes and pass an open book examination with a minimum score of 70%.

   ____ Upon completion of the training, I will volunteer a minimum of 50 hours of approved volunteer time with the UCCE Master Gardener Program within one year after the training, complete 12 hours of continuing education, record volunteer and continuing education hours monthly, and follow University policies and procedures while acting as a UCCE Master Gardener.

   With submission of this application, I wish to be considered for acceptance into the UCCE Master Gardener training program offered by the University of California Cooperative Extension.

   Signature: _____Date: _____

   Please return this application to the address listed below.
   Applications must be received by 5:00 p.m., September 27, 2019. Late applications will not be accepted.

   UC Cooperative Extension, Master Gardener Program
   2156 Sierra Way, Suite C
   San Luis Obispo, CA 93401

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.

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County Use Only				
Background Check Completed	Orientation	Code of Conduct/ Rights & Responsibilities	Date received	Cash or Check #_____ Fees Paid $_____