



California Master Gardener Program
MASTER GARDENER VOLUNTEER APPLICATION
 University of California Cooperative Extension



 County Date of Application

 First Name Last Name

 Mailing Address City State Zip

(_____) _____
 Home Phone (with area code) Work Phone (with area code)

(_____) _____
 Cell Phone (with area code) Email Address

Ethnicity and gender (Optional) Please check one that best applies:

- Female Male
 American Indian/Alaskan Native Hispanic/Latino Asian/Pacific Islander
 Black/African American White

Occupation: _____

If retired, please state your occupation at the time of retirement

Please complete the following (attach additional pages if necessary):

1. Why do you want to become a UCCE Master Gardener?

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.

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

4. What languages do you speak?

5. What is your highest degree level? (Please circle one): None, High School, AA, BS or BA, Masters or PhD

6. What previous volunteer experience do you have?

7. 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. _____

8. 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..)

9. What special skills would you bring to the program? (artistic, computer skills, arts and crafts, construction, photography, finance, teaching):

10. 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)

11. How did you learn about the UCCE Master Gardener Program

12. Have you applied to be a Master Gardener before? _____ When? _____

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

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 15 weeks of classes and pass a written examination by 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 2008, 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.

Signature: _____ Date: _____

Please return this application and the three forms on the following pages to the address listed below.

Applications must be received by 4:00 p.m on Thursday November 13, 2008. The UCCE Calaveras County Extension Office is open Tuesday – Thursday, 8 am until 4:30 pm.

Master Gardener Program
 UC Cooperative Extension
 891 Mountain Ranch Rd.
 San Andreas, CA 95249

If you have questions, please call Gretchen Sullivan at (209) 754-6477
 UCCE physical address: 576 East Saint Charles Street, San Andreas

County Use Only								
							Cash or Check # _____	
Drivers License # & Expiration Date	Proof of Auto Liability Insurance	Waiver of Liability	Background Check Completed	Photograph & Information Release	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: Statewide Master Gardener Academic Coordinator, University of California, DANR NC&MR Office, One Shields Ave., Davis, Ca 95616-8575, 530.754.6000

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) 987-0096. University policy is intended to be consistent with the provisions of applicable state and federal laws.



California Master Gardener Program
Waiver of Liability, Assumption of Risk, and Indemnity Agreement
 University of California Cooperative Extension



WAIVER: In Consideration of being permitted to participate in any way in the University of California Cooperative Extension Master Gardener Program, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of the Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death), and property loss arising from but not limited to, participation in the *University of California Cooperative Extension Master Gardener Program*, herein now referred to as *UCCE MGP*. This waiver applies to all UCCE Master Gardener Program activities and projects.

ASSUMPTION OF RISKS: Participation in *UCCE MGP* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the *UCCE MGP*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the *UCCE MGP*, and to reimburse them for any such expenses incurred.

SEVERABILITY: The undersigned further expressly agrees that the forgoing Waiver and Assumption of Risk Agreement is intended to be broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of UCCE Master Gardener Volunteer: _____

Printed Name of the UCCE Master Gardener Volunteer _____

County: _____ Date: _____



**California Master Gardener Program
 Photograph and Information Release
 University of California Cooperative Extension**



I hereby give to The Regents of the University of California, Statewide Master Gardener Program and County units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with the Master Gardener Program, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Signature of UCCE Master Gardener Volunteer: _____

Printed Name of the UCCE Master Gardener Volunteer _____

County: _____ Date: _____



**California Master Gardener Program
 Proof of California Driver's License and
 Automotive Liability Insurance
 University of California Cooperative Extension**



I hereby acknowledge that I hold a current and valid California Driver's License and that I carry automotive liability insurance that meets the California minimum requirement when transporting Master Gardener Volunteers, equipment or supplies. I also certify that I will continue to maintain at least the minimum automotive liability insurance during my appointment as a University of California Cooperative Extension Master Gardener Volunteer.

CA Driver's License Number: _____ Exp. Date: _____

Signature of UCCE Master Gardener Volunteer: _____

Printed Name of the UCCE Master Gardener Volunteer _____

County: _____ Date: _____

By checking this box, I acknowledge that I do not have a California Driver's License and will not drive as part of my work as a UCCE Master Gardener Volunteer.



California Master Gardener Program
Code of Conduct/Responsibilities and Rights
 University of California Cooperative Extension



The following guidelines are to assist UCCE Master Gardener Volunteers in understanding what behavior is expected while performing as a Master Gardener Volunteer. Master Gardener Volunteers are considered Agents of the University of California and must abide by all UC policies. Appointments of UCCE Master Gardener Volunteers are renewed on an annual basis by the UCCE County Director

CODE OF CONDUCT

All Master Gardener Trainees and Certified Master Gardeners shall act in ways that promote and support the UCCE Master Gardener Program goals and shall not be in conflict with the policies and procedures. The following are prohibited when acting on behalf of the Master Gardener Program:

1. Possession or use of illegal drugs or alcohol (or to be under the influence thereof) when involved in a Master Gardener event or activity.
2. Use of abusive, obscene and discriminatory language at any Master Gardener activity or event.
3. Direct personal attack or harassment (visual, verbal or physical) on another person.
4. Behavior that is illegal, unsafe, or contrary to the highest standard of ethics.

YOUR RESPONSIBILITIES

1. Maintain a professional presence and dress when acting as an Agent of the University of California.
2. Participate in and support the local Master Gardener Association, should one exist in your county.
3. Recognize the responsibilities of the Master Gardener Program staff in setting program priorities, standards and direction.
4. Be committed to the core values, educational goals and standards of the Master Gardener Program at the various organizational levels.
5. Respect and safeguard the individual rights, competencies, safety and property of program participants.
6. Prohibit discrimination in any policies, procedures or practices on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran.
7. When transporting Master Gardener Volunteers, equipment and supplies for MG activity, possess a valid California driver's license, carry proof of automobile liability insurance, and ensure that all passengers use seat belts.
8. Report your volunteer hours on a regular basis as required by your county coordinator or administrator.
9. Provide receipts for any money collected in the name of the Master Gardener Program
10. Adhere to and help enforce the program policies and procedures referred to in the Master Gardener administrative handbook
11. Be recognized as a Master Gardener when working in a Master Gardener Volunteer capacity by wearing your UCCE Master Gardener name badge.

YOUR RIGHTS

1. To be respected by program administrators and staff for the contribution Master Gardner Volunteers make to the program.
2. To have access to current program materials, training and curriculum to support program delivery.
3. To actively participate in communications and meetings concerning the administration and delivery of the county program.
4. To be informed of any administrative action that could result in disciplinary actions or dismissal from the program.
5. To make written complaints concerning the UCCE programs, policies or personnel as described in the Master Gardener Administrative Handbook., (See Section 3-O, pg. 36 available on the web at: <http://oakland.ucanr.org/mgpah/MGPtext.pdf>)

PENALTIES

Infractions of the Master Gardener Code of Conduct or Master Gardener Rights and Responsibilities must be reported promptly by anyone observing them to Master Gardener Program Staff or the County Director. Penalties may include any or all of the following:

- Barring the participant from future Master Gardener events
- Written notice of termination of UCCE Master Gardener status and removal from the UCCE Master Gardener Program
- Volunteer status suspension while charges are under investigation

By my signature I acknowledge receipt of this document, I acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a UCCE Master Gardener Volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a UCCE Master Gardener Volunteer.

County: _____ Date: _____

Signature of UCCE Master Gardener Volunteer: _____

Printed Name of the UCCE Master Gardener Volunteer _____