

WASHINGTON STATE UNIVERSITY



GRANT/ADAMS COUNTY EXTENSION

Master Gardener Program

I. WSU Master Composter Application

Name: _____
(First) (Middle) (Last) (Maiden)

Mailing Address _____
(Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Email: _____

Length of time at this address (years): _____

Date of Birth (MM/DD/YY): _____

II. WSU Master Composter Application, WSU Grant/Adams Area Extension

Please list any times you would not be available for volunteer work (work schedules, anticipated trips, other commitments)

Training/education completed

- High school
- Technical/trade school (major studies)

2-year community college (major studies)

4-year college (major studies)

Horticulture degrees, training or certifications (specify)

Volunteer experience in the community

Other skills, interests or experience

- | | |
|----------------------------|--------------------------------|
| _____ computers | _____ proofreading |
| _____ website development | _____ marketing/fundraising |
| _____ artwork, displays | _____ research/data collection |
| _____ photography | _____ public speaking/teaching |
| _____ drawing/illustrating | _____ other _____ |
| _____ writing/publishing | |

Specific information on any of the above skills

Why do you wish to become a WSU Master Composter volunteer?

Do you have a health or medical condition that we need to accommodate for training? Please explain.

If you are able to speak, read, or write a language other than English, please list (including American Sign Language)

Any other information about yourself you would like us to have?

I authorize the contact of listed references and understand that a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____