

Solano County Resident

Thank you for your interest in the Master Gardener Program. In this packet, you will find an application and additional information about becoming a certified Master Gardener.

The Master Gardener Program is part of the University of California Cooperative Extension. Master Gardeners are formal, non-paid volunteers that are recruited, trained, and certified as part of a coordinated volunteer program. The program provides the public with research-based education in home gardening and basic horticulture. No previous horticultural experience is required for acceptance into the Master Gardener Program, as the training in plant science and horticulture are quite comprehensive. A strong interest in gardening, horticulture, and ecology, along with a strong desire to learn, a commitment to community service, and availability for active participation are the best prerequisites for Master Gardener applicants.

The Master Gardener Program is a structured volunteer program with specific training requirements and time commitments from its volunteers. The training consists of approximately 15-16 weekly four-hour classroom sessions. All Master Gardener Trainees must pass a written final examination with a minimum score of 70%. In addition to the training, fifty (50) hours of volunteer service in approved educational outreach activities are required in the first year. Twenty-five (25) of volunteer outreach and twelve (12) hours of continuing education are required in each subsequent year to remain a certified Master Gardener.

Training classes will be held on Fridays from 9:00 a.m.-1:00 p.m. This year, in an effort to utilize available resources, we are combining the training classes with Yolo County. One half of the training classes will be held in Solano County and the other half will be held in Yolo County. Locations will be determined soon. The tuition fee for the Master Gardener training course is \$125.00. The fee covers the costs for two required text books: *California Master Gardener Handbook*, *Pests of the Trees and Landscape Plants*, mandatory fingerprinting, and a name badge. If you are accepted into the Program, this fee will be collected at an orientation that will be held prior to the first training class.

Due to University policy, Master Gardeners must be screened through fingerprinting in order to be accepted as a University of California volunteer. Fingerprints are not shared between any of the agencies, so new prints will have to be obtained even if you have been fingerprinted in the past.

As the number of applicants is always far greater than the number of trainees accepted into the Program, we employ a screening process where a committee thoroughly reviews the applications. Selected applicants will be contacted by mail and scheduled for an informal interview in early November.

Continued



The deadline to apply for the January 2018 class is October 31, 2017 by 5:00 pm. Late submissions will not be processed.

Thank you for your inquiry about the Master Gardener Program. If you have questions, please contact me at the number or email in the letterhead above.

Sincerely,

A handwritten signature in cursive script, appearing to read "Baumbach".

Jennifer Baumbach
Program Coordinator
UC Master Gardener Program-Solano and Yolo Counties



University of California

Agriculture and Natural Resources

UCCE Master Gardener Program

Volunteer Application Form

UC Master Gardener Program Administrative Handbook, Appendix 2

County _____ Date of Application _____

First Name _____ Last Name _____ Gender: Female Male

Mailing Address _____ City _____ State _____ Zip _____

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

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

How long have you been a resident of California? _____

County Use Only						
Driver's 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 (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.

The University of California, Division of Agriculture and Natural Resources (UC ANR) prohibits discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a protected veteran 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. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's non-discrimination policies may be directed to the Affirmative Action Contact and Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1318.

Ethnicity:

Are you of Hispanic ethnicity? Yes No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (check all that apply):

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Black or African American** - A person having origins in any of the Black racial groups of Africa.

- Native Hawaiian or Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- White or Caucasian** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Prefer Not to State**

Please complete the following, attach additional pages if necessary:

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

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.) (Schools, service clubs, Rotary, 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 times of the day are you most available to volunteer? Check all that apply:

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. _____

5. 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.): _____

6. What special skills could you bring to the program? (Fundraising, computer skills, arts and crafts, construction, photography, etc.) _____

7. 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) _____

8. How did you learn about the UCCE Master Gardener Program? _____

9. Have you applied before? _____ When? _____

10. 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 UCCE Master Gardener when I complete 16 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 UCCE Master Gardener Program within one calendar year of 6/2018 attend all training classes, submit monthly time sheets, follow University policies and procedures while acting as a UCCE Master Gardener.

I agree to a background and fingerprint screening prior to the beginning of the training program.

Signature: _____ Date: _____

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

UCCE Master Gardeners of Solano County
UC Cooperative Extension
Address 501 Texas Street, 1st Floor
City, CA Zip Fairfield, CA 94533
Phone: 707-389-0645
Email: jmbaumbach@ucanr.edu
Website: solanomg.ucanr.edu