

BENTON/FRANKLIN COUNTIES
2010 MASTER GARDENER APPLICATION - PART 2
Application Deadline: January 14, 2010

In order to be considered for this program, this form must be filled out completely.

Please print complete legal name clearly.

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____

Other/Former/Maiden Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Residence Address (if different): _____

Home Phone: _____



References: List two persons not related to you who have definite knowledge of your qualifications. Choose people who know how you work or relate with youth and adults. Include **complete** and **current** addresses. These people will be sent a form to fill out regarding your ability to work with youth and adults.

Name: _____

Street Address (mailing) : _____

City: _____ **State:** _____ **Zip:** _____

Name: _____

Street Address (mailing): _____

City: _____ **State:** _____ **Zip:** _____

**MASTER GARDENER
APPLICANT CRIMINAL HISTORY DISCLOSURE FORM**

Participation as a Master Gardener is contingent on returning this form and having Washington State Patrol clearance.

Washington State University Extension takes seriously its obligation to provide a safe atmosphere for all persons in youth and adult activities. Child abuse is of concern to everyone. It is important that a positive and safe environment for youth and adults is created and maintained. The purpose of this disclosure form is to implement the Washington Child and Adult Abuse Information Act (Chapter 486, Laws of 1987).

In the past, this background check included the collection of an individual's Social Security Number. However, due to identify theft concerns, the Washington State Patrol (WSP) will no longer be using the Social Security Number in their background check process. Because of this, we may need to fingerprint you at our office if your name or birth date comes back with one or more possible identities. These will be submitted to the WSP via the US Postal Service.

This information is for office personnel use only; will be treated with confidentiality and kept in a secure location.

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

Have you ever been convicted of a misdemeanor or a felony? _____
If yes, please give date, nature, and disposition of offense. _____

Has anyone living at your residence been convicted of a misdemeanor or a felony? _____
If yes, please give date, name of person convicted, nature, and disposition of offense.

I authorize the contact of listed references and understand that I am required to submit to a criminal background check prior to final consideration of my application to the Master Gardener program. 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.

Signature: _____ **Date:** _____