

WSU Master Recycler Composter Application

I wish to become a WSU Master Recycler Composter volunteer and would like to be accepted into the Washington State University Extension training program. I understand that in order to participate in the WSU Master Recycler Composter Program, I will be expected to attend all training sessions and commit a minimum of 25 hours of volunteer service during the following year. I also understand that I will be a volunteer staff member of WSU Extension, and as such, I will do my best to offer WSU approved recommendations and advice. I agree to become familiar with, and abide by, WSU Extension policies regarding my conduct as a Master Recycler Composter volunteer

Please print or type:

Legal Name _____
Last First Middle

I prefer to use the nickname _____ Home Phone _____
 Mailing Address _____ Work Phone _____
 Street Address _____ City _____ Zip _____

E-mail address: _____

Do you have special needs (e.g. hearing, mobility, diabetic, heart condition, etc.) while participating in the training or which would limit your activities as a Master Recycler Composter? Please list and indicate type of assistance needed or restrictions on activities.

Transportation: Have use of a car Rely on others Use public transportation

Please give the name of person(s) who should be contacted in case of emergency:

(1) Name _____ Relationship _____

Address _____ Phone _____

(2) Name _____ Relationship _____

Address _____ Phone _____

Training/Education: Please check levels you have achieved.

Elementary Jr. High High School Years of College & Areas of Study _____

Post Graduate Degree _____

Continuing Education/Advance Studies _____

Work Status: Please indicate your current work status or expected work status for the coming year:

- Full time Part time Shift work Self employed Student Retired Not working outside the home
Other volunteer commitments: _____
-

Work, Educational, or Volunteer Experience: List current or most recent experience first:

<u>Employer or Organization</u>	<u>Position Title or Volunteer Role</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subject Matter Background: List any additional training, experiences, specialization, or skills related to composting, recycling, environmental science etc.

Society, Professional or Organizational affiliations:

Additional Skills, Interests, or Experience: We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check the items below which will add to your effectiveness as a WSU Extension volunteer.

- | | | |
|--|---|---|
| <input type="checkbox"/> Sign making | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Computer skills: List software |
| <input type="checkbox"/> Graphics, illustration, artwork | <input type="checkbox"/> Public speaking, teaching | _____ |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Writing, editing newsletters | _____ |
| <input type="checkbox"/> Woodworking, related crafts | <input type="checkbox"/> Public relations, marketing | <input type="checkbox"/> Research, data collection |
| <input type="checkbox"/> Silk screening | <input type="checkbox"/> Secretarial, clerical skills | <input type="checkbox"/> Librarian skills |

Other hobbies or interests: _____

In your volunteer role, with whom do you prefer to work? Elementary Age Youth Teens Adults Any
If you prefer to work directly with youth, what grade level(s) do you prefer:

- Primary (K-2) Junior (Grades 3-5) Intermediate (Grades 6-8) High School (Grades 9-12)

Languages: If you are able to speak, read, or write a language other than English, please list below:

Language: _____ Speak fluently Read Write Interpret

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Why do you want to become a Master Recycler Composter?

How did you hear about this volunteer program? _____

Have you ever been an extension volunteer? Yes No If yes, which program and when: _____

Where: _____
City County State

Training Program Information:

Master Recycler training sessions are held on four Mondays from 9 to noon. Can you attend all of the classes?
Yes No

If not, which days will you miss? _____

Are there days or times you know you will not be available for volunteer service during the year (e.g. job, vacation, other commitments)? List dates if known: _____

Are there any volunteer activities in which you are unwilling or unable to participate (public speaking, office work, working one-on-one with clients, physical work in demonstration gardens, etc.)? If yes, please list: _____

Can you, and are you willing, to volunteer 25 hours between May 2012 and May 2013 to educational outreach activities and become an advocate for WSU Extension and Lewis County Solid Waste? Yes No
Comments: _____

Please accept my application to become a WSU Recycler Composter.

Signature _____ Date _____

The forms listed below must be completed and returned with this application form. They include:

- (1) Applicant Criminal History Disclosure form
- (2) Master Recycler Composter Student Agreement form

Applications may be dropped off or mailed to:

Debbie Burris, MRC Coordinator
WSU Lewis County Extension
351 NW North Street
Chehalis, WA 98532

For questions or additional information, contact Debbie Burris at
(360) 740-1212 or e-mail debbie.burris@lewiscountywa.gov.