

WSU Lewis County Master Recycler Composter

Volunteer Application

Can	you provide proof of either of these?	YesNo	
Name:			
	First	Last	Nickname (optional)
∕lailing Addr	ress:Street or P.O. Box#		
	Street or P.O. Box#	City	Zip
mail Addres	SS:		
lome phone	e:	Best time(s) to call:
	e:		
Cell/work:	contact:	Best time(s) to call:
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-		n exp	perience & interests: (please chec		
	Bio-digesters				Upcycled gardening
	Compost/bio heating		Reducing consumer waste		Upcyled landscaping
	Composting bin construction		Reducing electricity/resources		Water conservation
	Composting toilets		Reducing food waste		Water harvesting
	Green roofs		Soil health/conservation		Worm composting
	Greenscaping		Sustainability assessment		Other:
	Hugelkultür		Terraced composting		
	Pesticide reduction methods		Upcycled crafts/clothing		
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st your v	olunteer experience; be speci	ific ab	oout length of service and about	your	roles and responsibilities:
	ls, interests, or experience: (p	lease			
	Computers	lease	Drawing/illustrating		Research/data collection
	Computers Website development	lease	Drawing/illustrating Writing/publishing		Public speaking/teaching
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Vhy do you wish to become a WSU Extension Master Recycler Composter voluntee	er?
ny other information about your skills and abilities you would like us to have?	

In the event your picture is taken during a WSU Master Recycler Composter event, do you give WSU permission for that picture or video sequence to be used in WSU brochures, publications, or websites? Please check one of the boxes below:

YES - I DO give Washington State University permission to use my photographic and/or video likeness taken during any WSU Extension Master Recycler Composter event or anywhere I am representing the WSU Extension Master Recycler Composter Program as a Trainee or Certified Master Recycler Composter Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

NO - I DO NOT give Washington State University permission to use my photographic and/or video likenesstaken during any WSU Extension Master Recycler Composter event or anywhere I am representing the WSU Extension Master Recycler Composter Program as a Trainee or Certified Master Recycler Composter Volunteer, by any means and without limit for education, demonstration, and promotional purposes.

Personal References & Emergency Contact(s)

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name:				
	First	Last	Relationship	
Contact				
Information:_				
	Home Phone	Work Phone		Email
Address:				
	(Street)	(City)	(State)	(Zip)
Name:				
	First	Last	Relationship	
Contact				
Information:_				
	Home Phone	Work Phone		Email
Address:				
	(Street)	(City)	(State)	(Zip)
Name:				
	First	Last	Relationship	
Contact			·	
Information:_				
	Home Phone	Work Phone		Email
Address:				
	(Street)	(City)	(State)	(Zip)
Background (Checks			
	<u> </u>	eceive an email from TheAdvoca rs—a third party vendor used by	_	• •
required prior	to final consideration of my	xtension to contact the listed refe application to volunteer. I unde nent as a volunteer with Washing	rstand that misrepresentati	on or omission of require
serve at the ple	easure of the Washington S	tate University Extension and agam areas and to fulfill the volunte	ree to abide by the policies (of Washington State
Applicant Sign	nature:		Dat	e:

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Patrick Shults at patrick.shults@lewiscountywa. gov at least two weeks prior to the beginning of training.

Applications may be returned to the Lewis County Extension office at 17 SW Cascade Ave., Chehalis, WA 98532; mailed to 351 NW North St., Chehalis, WA 98532; or submitted via email at jason.adams@lewiscountywa.gov

Volunteer Expectations Agreement

Washington State University Extension appreciates your commitment to share your knowledge, experience, and enthusiasm with the Master Recycler Composter (MRC) program and trusts that this partnership will be mutually fulfilling during the time you serve in this capacity.

WSU Extension Volunteer Expectations are in place to ensure the safety and well-being of all participants. A volunteer's involvement as a Master Recycler Composter is a privilege and a responsibility. Please read and initial the following expectations of MG volunteers.

Represent WSU Extension and the MRC program with dignity and pride.
Treat others in a courteous, respectful manner, and serve as a positive role model for our community.
Work respectfully and cooperatively with WSU Extension and Lewis County Solid Waste Utility staff, program partners, and volunteers.
Abide by policies and guidelines of WSU Extension and the Lewis County MRC program.
Promote a spirit of inclusion and a welcoming environment for all volunteers and community members.
Accept supervision and feedback from the Program Coordinator and Lewis County Extension Director.
Uphold an individual's right to dignity, self-development, and self-direction.
Operate tools, machinery, vehicles, and other equipment in a safe and responsible manner.
Handle fundraising and finances in an ethical manner according to the policies set forth by the Master Recycler Composter Foundation of Lewis County.
Refrain from abusing any participant physically or verbally and report such abuse, if observed.
Refrain from profanity, harassment, bullying, divisiveness, or other disruptive and offensive behavior.
Refrain from excluding other volunteers from online communication available to all volunteers.
Refrain from using alcohol and other drugs in an illegal or inappropriate manner.
Comply with equal employment opportunity and nondiscrimination laws.
I read, understand, and agree to the above expectation. I understand and agree that any action on my part deemed by the Program Coordinator or Extension Director to contradict any portion of this agreement is grounds for corrective action or termination of my volunteer status in the WSU Lewis County Master Recycler Composter Program.
Print Name
Signature Date