



Request for Reinstatement

UC Master Gardener Program Administrative Handbook, Appendix 4

I, _____ wish to be reappointed as an “active” UC Master
(please print clearly)
Gardener volunteer in _____ County. I certify that I have been “inactive” for
less than three (3) years and that I was in good standing in the UC Master Gardener Program in _____
_____ County prior to my becoming inactive.

UC Master Gardener graduation year: _____ Period of inactivity: _____
(month/year through month/year)

- As a condition of reinstatement and recertification, I have signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability, and provided Proof of California driver’s license and I will carry the minimum automotive liability insurance when transporting UC Master Gardener volunteers, equipment, or supplies.
- As a UC Master Gardener volunteer, I agree to obtain 25 hours of approved volunteer activities and I further agree to submit reports of my hours.
- As a UC Master Gardener volunteer, I agree to obtain 12 hours of approved continuing education and I further agree to submit reports of my hours.

Please return this form and above mentioned signed forms to the UCCE County Office in person or by mail. Office locations can be found at mg.ucanr.edu/FindUs.

Signature: _____

Printed Name: _____ Date: _____

For Office Use Only

	Approved
	Must Attend Training Classes, list specific classes:
	Denied (state reason):
Signature: _____ Date: _____	