Request for Reinstatement

I, wish to be reappointed as an Active UC Master Food

*(please print clearly)*

Preserver Volunteer in County. I certify that I have been inactive (not an agent of the University) for less than three (3) years and that I was in good standing in the UC Master Food Preserver Program in County prior to my becoming inactive.

UC Master Food Preserver Graduation Year: Period of inactivity:

*(month/year through month/year)*

Why was there a lapse in UC Master Food Preserver service?

As a condition of reinstatement and recertification, I have 1) completed and passed the current annual reappointment quiz, 2) signed the Annual Volunteer Agreement, Code of Conduct, Waiver of Liability, Preparing/Serving Food Release, and if driving as part of my volunteer duties, provided Proof of California driver’s license and I will carry the minimum automotive liability insurance when transporting Master Gardener volunteers, equipment or supplies. 3) paid the annual accident and injury insurance fee.

I agree to volunteer hours to the UC Master Food Preserver Program in activities approved by the UC Master Food Preserver program coordinator or staff.

I agree to obtain 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 your local UCCE County Office. They may be mailed to: University of California Cooperative Extension, UC Master Food Preserver Program, Address, City, State, Zip

Signature:

Printed Name: Date:

**For Office Use Only**

*Check any conditions required for reinstatement*

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

Updated May 2023