

OHIO STATE UNIVERSITY EXTENSION

MASTER GARDENER VOLUNTEER APPLICATION



(All sections must be completed for consideration as a Master Gardener Volunteer)

Our Mission: We are Ohio State University Extension trained volunteers empowered to educate others with timely research-based gardening information.

I. GENERAL INFORMATION

Name: _____ (First) (Middle) (Last)

Mailing Address: _____ (Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Email: _____

Length of time at this address (years): _____ Date of Birth (MM/DD/YY): _____

Have you participated in Ohio State University Extension activities or programs previously? (list most recent involvement)

If you have been a Master Gardener Volunteer in another state, please list the state, county, year of training, and program supervisor's name:



CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: http://go.osu.edu/cfaesdiversity

II. VOLUNTEER INTEREST

Why are you interested in becoming a Master Gardener Volunteer?

What is your gardening philosophy?

Work Experience: (List current or most recent experience first)

Employer

Position Title

Year

Volunteer Experience: (List current or most recent experience first)

Organization

Volunteer Role

Year

Have you had any teaching or public speaking experience? Yes ____ No ____ If so, please provide details:

Other special skills, training, interests (i.e. bird watching, crafts, desktop publishing, etc.):

Type of activities in which you are interested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Display Table | <input type="checkbox"/> Public Presentations | <input type="checkbox"/> Community Gardens |
| <input type="checkbox"/> Demonstration Gardens | <input type="checkbox"/> Working with Children | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Beautification Projects | <input type="checkbox"/> Garden Writing | <input type="checkbox"/> Data Entry |

Other interests _____

Indicate days and times you are available to volunteer:

Monday	morning_____	afternoon_____	evening_____
Tuesday	morning_____	afternoon_____	evening_____
Wednesday	morning_____	afternoon_____	evening_____
Thursday	morning_____	afternoon_____	evening_____
Friday	morning_____	afternoon_____	evening_____
Saturday	morning_____	afternoon_____	evening_____

We sometimes have many more applicants than volunteer positions, and consequently must choose among equally qualified individuals. Please explain why you think you would make a good Master Gardener Volunteer:

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date, nature, and disposition of offense:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

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: _____
Relationship Phone Email
Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Phone Email
Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Phone Email
Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____

Date: _____

Please return the application by the date requested. Contact us if you have any questions or wish further information. Thank you!



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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