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) (Prefered)

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

Phone: Day: ( ) _____ Best time to call (am/pm): _____

Cell: ( ) _____ Best time to call (am/pm): _____

Email:_____

Length of time at this address (years): _____

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

State County Year of Training Program

program and program supervisor's name:

THE OHIO STATE UNIVERSITY EXTENSION

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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 ☐

This could include reading at church, speaking to school age children, leading activities or meetings, etc.

Personal Experience includes:

II. VOLUNTEER INTEREST CONT

Other special skills, training, interests (i.e. bird watching, social media, publishing, writing, etc.):

- ☐ Garden Helpline
- ☐ Demonstration Gardens
- ☐ Social Media/Newsletter
- ☐ Public Presentations
- ☐ Working with Youth
- ☐ Garden Writing
- ☐ Community Gardens
- ☐ Working with Adults
- ☐ Health and Horticulture

Other interests

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? Yes ☐ No ☐

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 or friends 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 an 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 contact your county extension office if you have any questions or wish further information. Thank you!