



**THE OHIO STATE
UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

**OHIO STATE UNIVERSITY EXTENSION
MASTER GARDENER VOLUNTEER APPLICATION**

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

Deadline: January 14, 2019

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, ST)

(Zip)

Length of time at this address (years):

Date of Birth (MM/DD/YY)

Phone: Day:

Best Time to Call:

Eve:

Best Time to Call:

Email:

Have you participated in Ohio State University Extension activities or programs previously?

(List most recent involvement)

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)

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

Organization

Volunteer Role

Year(s)

Have you had any teaching or public speaking experience: Yes No If Yes please give details:

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

Type of activities in which you would be interested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Garden Helpline | <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"/> Therapeutic Horticulture |
| <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Other interests | |

Indicate days and times you are available to volunteer:

- | | | | |
|------------------------------------|---------|-----------|---------|
| <input type="checkbox"/> Monday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Tuesday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Wednesday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Thursday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Friday | Morning | Afternoon | Evening |
| <input type="checkbox"/> 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? 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 who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects 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, ST)	Zip
Name:	Relationship	Phone	Email
Address: (Street)		(City, ST)	Zip
Name:	Relationship	Phone	Email
Address: (Street)		(City, ST)	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!

Ohio State University Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.

Keith L. Smith, Associate Vice President for Agricultural Administration; Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension; and Gist Chair in Extension Education and Leadership.

For Deaf and Hard of Hearing, please contact OSU Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 740-593-8555.