

**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): _____

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: _____

II. VOLUNTEER INTEREST

Why are you interested in becoming a Master Gardener Volunteer?

What is your gardening philosophy? (*Optional - County Coordinators can delete this section, however, if you keep it, remove this highlighted statement!*)

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, social media, publishing, writing, etc.):

Type of activities in which you are interested: *(Optional - County Coordinators can delete this section or you can update the categories to reflect your county project and needs; however, if you keep it remove this statement!)*

- | | | |
|--|--|--|
| <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"/> Social Media | <input type="checkbox"/> Garden Writing | <input type="checkbox"/> Health and Horticulture |
| <input type="checkbox"/> Other Interests _____ | | |

Indicate days and times you are available to volunteer: *(Optional - County Coordinators can delete this section, however, if you keep it, remove this highlighted statement!)*

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.

Reference 1:

Name: _____
(Relationship) (Phone) (Email)

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

Reference 2:

Name: _____
(Relationship) (Phone) (Email)

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

Reference 3:

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 online-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 for further information. Thank you!