

MASTER GARDENER VOLUNTEER APPLICATION – WARREN COUNTY 2020



(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/): \_\_\_\_\_

County of Residence: \_\_\_\_\_

County you want to become active as a Master Gardener Volunteer: \_\_\_\_\_

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?**

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**What is your gardening philosophy?**

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

Employer

Position Title

Year

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

Organization

Volunteer Role

Year

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

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

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Type of activities in which you are interested:

- Public Presentations                       Demonstration Gardens
- Working with Children                       Working with Adults
- Social Media                                       Garden Writing

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:**

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**III. PERSONAL REFERENCES**

**Have you ever been convicted of a misdemeanor or a felony?** \_\_\_\_\_

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

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**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 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 August 12, 2020. Contact us at [meyer.213@osu.edu](mailto:meyer.213@osu.edu) if you have any questions or wish further information. Thank you!

**Special Instructions about the 2020 Warren County New Master Gardener Volunteer Training Class:**

- The cost for the class is \$250. A non-refundable \$50 deposit is required with this application. The remaining balance will be due on August 19, 2020 at the orientation meeting.
- Background checks will be required. The applicant will be responsible for the cost. You will receive information about the background check at the orientation meeting on August 19, 2020. Do not complete the background check prior to that meeting, because there are special instructions.
- Classes will be held on Wednesdays from 8:30 a.m. to 3:00 p.m. starting on September 9, 2020 and ending on November 4, 2020. There will be no class on September 23, 2020. Attendance at all meetings is required, with only one excused absence being permissible to graduate from the class. Attendance at the August 19, 2020 orientation meeting is required.
- At least 20 people must register for the training for it to be held and at least 12 must be Warren County residents. We are willing to train new volunteers from other counties, but priority will be given to Warren County residents should the class reach capacity. A maximum of 32 people will be accepted for the 2020 class.



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES