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: _________
(Street) (City) (Zip)
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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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<tr>
<th>Employer</th>
<th>Position Title</th>
<th>Year</th>
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Volunteer Experience: (List current or most recent experience first)

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<tr>
<th>Organization</th>
<th>Volunteer Role</th>
<th>Year</th>
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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, crafts, desktop publishing, etc.):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Type of activities in which you are interested:
☐ Garden Helpline          ☐ Public Presentations          ☐ Community Gardens
☐ Working with Children    ☐ Working with Adults           ☐ Beautification Projects
☐ Garden Writing           ☐ Kids Gardens

☐ Other interests ____________________________________________________________

Indicate days and times you are available to volunteer
unday 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.

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<th>Name: __________________________</th>
<th>Relationship</th>
<th>Phone</th>
<th>Email</th>
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<td>Address: ________________________</td>
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<td>(City)</td>
<td>(State) (Zip)</td>
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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: ________________

Contact us at: 740-833-2030 if you have any questions or wish further information. Thank you!

Please Return to:
OSU Extension, Delaware County
149 North Sandusky Street
Delaware, OH 43015
Attn: Cindy Kaelber