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: ________

Eve: (____) ______________________  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:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
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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<th>Position Title</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>
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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

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<tr>
<th>Day</th>
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<th>Afternoon</th>
<th>Evening</th>
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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>Relationship</th>
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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