

## **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:					
Mailing Address:	(First)	(Middle)	(Last)		
	(Street)		(City)	(Zip)	
Phone:	Day: (	)	Best time to call (	am/pm):	
	Eve: (	)	Best time to call (	am/pm):	
Email:					
Have you	participated	address (years):d in Ohio State University Extens	sion activities or progr	- ,	
•		aster Gardener Volunteer in anot program supervisor's name:	her state, please list t	he state, county, year of	



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## II. VOLUNTEER INTEREST

wny are you interested in bed	coming a Master Gardener volunteer	· ·
What is your gardening philo	sophy?	
Work Experience: (List curre	nt or most recent experience first)	
<u>Employer</u>	Position Title	Year
Volunteer Experience: (List c	urrent or most recent experience firs	it)
<u>Organization</u>	Volunteer Role	<u>Year</u>

Have you had any to details:	eaching or	public speaking experi	ence? Yes	No If so, please provide
Other special skills	training i	ntarasts (i.a. hird watch	ing social:	media, publishing, writing, etc.):
ottier special skills	, training, ii	iterests (i.e. bird watch	ilig, social i	media, publishing, writing, etc. <i>j</i> .
Type of activities in	which vou	are interested:		
□ Garden Helpline	-	☐ Public Presentation	ne	☐ Community Gardens
•				•
☐ Demonstration G	ardens	☐ Working with Yout	n	☐ Working with Adults
□ Social Media		☐ Garden Writing		☐ Health and Horticulture
☐ Other interests				
		re available to voluntee		
ilidicale days allu li	mes you al	e available to voluittee		
Monday	morning_			
Tuesday	morning_		_	
Wednesday Thursday	morning_ morning_		_	
Friday	morning_		•	
Saturday	morning_		_	

Gardener Volunteer:	duals. Please explain why	you think you wo	uld make a good Master
III. PERSONAL REFERENCES			
If yes, please give date, nature	e, and disposition of offens	<b>e</b> :	
applying. A criminal record may pre	event an individual from volunte mbers who have knowledge with you on projects and acti	ering, depending on a of your skills, abilitivities and/or have o	the nature of the offense. es, and qualifications. direct experience with or
applying. A criminal record may pre- References: List non-family men Individuals should have worked knowledge of your qualifications	event an individual from volunte mbers who have knowledge with you on projects and acti . Please provide complete a	ering, depending on a of your skills, abilitivities and/or have o	the nature of the offense. es, and qualifications. direct experience with or
applying. A criminal record may pre <b>References</b> : List non-family menth Individuals should have worked knowledge of your qualifications	event an individual from volunte mbers who have knowledge with you on projects and acti . Please provide complete a	ering, depending on a of your skills, abilitivities and/or have o	the nature of the offense. es, and qualifications. direct experience with or
Please note: A criminal record will applying. A criminal record may pre References: List non-family mel Individuals should have worked knowledge of your qualifications  Name:  (Street)	mbers who have knowledge with you on projects and acti . Please provide complete a	ering, depending on a of your skills, abilitivities and/or have of ddresses and phon	the nature of the offense.  es, and qualifications.  direct experience with or  e numbers.

Name:						
			(Relatio	nship)	(Phone)	
	(Email)					
Address:						
	(Street)	(City)	)	(State)	(Zip)	
Name:			<del></del>			
		(City) (State) (Zingle (City) (Relationship)	(Phone)			
	(Email)					
Address:						
	(Street)	(City)	)	(State)	(Zip)	
l authoriza	the contact of listed refere	oneos and understand	that I am	required to su	hmit to an anline background check	nrior
				•	tation or omission of required inform	-
				•	ion. I understand that I serve at the	
	-				of Ohio State University Extension a	and
ndividual p	orogram areas and to fulfill	the volunteer respons	sibilities to	o the best of my	/ ability.	
Applicant S	Signature:				Date:	
j. j						

Please return the application by the August 1st. Contact us if you have any questions or wish further information. Thank you!

