

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)

Length of time at this address (years): _____ Birthday: ____ / ____ / ____

Phone: Day: () _____ Best time to call (am/pm): _____

Eve: () _____ Best time to call (am/pm): _____

Email: _____

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 program and program supervisor's name:

II. VOLUNTEER INTEREST

Why are you interested in becoming a Master Gardener Volunteer?

What is your gardening philosophy?

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 ____

This could include reading at church, speaking to school age children, leading activities, or meetings, etc.

Personal Experience includes: _____

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

Type of activities in which you are interested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Plant and Pest Clinic | <input type="checkbox"/> Public Presentations | <input type="checkbox"/> Community Gardens |
| <input type="checkbox"/> Demonstration Gardens | <input type="checkbox"/> Working with Youth | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Social Media / Newsletter | <input type="checkbox"/> Garden Writing | <input type="checkbox"/> Health and Horticulture |

Other interests _____

We ALWAYS 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:

IV. Application Certification and Next Steps

To be considered for the program I understand that:

1. **I understand that I am applying to a volunteer program.** As soon as training is completed, I will need to complete 50 hours of volunteer service May 1 of the following year.
2. 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.
3. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension.
4. 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 Friday, January 19, 2024. Contact us if you have any questions or wish further information. Thank you!

Next Steps

1. Return application as soon as possible. Applications will be reviewed in the order by which they are received.
2. You will be contacted for an interview. Interviews will be held at the Mahoning County Extension Office in late January.
3. If you are accepted into the program, you will:
 - a. Be given the details on training
 - b. Be required to complete a background check
 - c. Pay class fee of \$225.00
 - d. Sign a pest management policy
 - e. Sign a standard of behavior agreement