

Ohio Certified Volunteer Naturalist Program Training Program Application



Name: _____

Mailing Address: _____

County where you reside: _____

Phone: _____

Email: _____

What are your reasons for wanting to become an Ohio Certified Volunteer Naturalist?

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity



THE OHIO STATE UNIVERSITY
EXTENSION

Please explain why you feel you are a good candidate for the OCVN program:

Please tell us about any nature related similar programs you have participated in previously. Include approximate dates of your involvement.

Tell us about any park districts, nature centers, schools, or similar institutions where you are a volunteer or have recently provided volunteer services:

LOCATION	ACTIVITIES

The primary purpose of the OCVN program is to increase the knowledge and skills of local volunteers. Volunteer service in local parks, nature centers, etc. is an essential part of being an OCVN.

I understand that volunteer service is an essential part of being an OCVN and I intend to fulfill the requirements to maintain certification (40 hours during your first year and 20 hours annually thereafter)._____ (Please initial)

NOTE: This will be done at a location other than OSU Extension.

Review the schedule of classes on the OCVN flyer. Please indicate any dates or times you will not be able to attend. Note that you may miss a maximum of two classes to become certified and you must work with the local OCVN coordinator to make up for any missed classes.

Dates I cannot attend class:

Many parks and nature centers where OCVN participants will be volunteering require a criminal background check before you can volunteer. Are you aware of anything in your history that might disqualify you from volunteering, including any misdemeanor or felony convictions?

_____ **Yes Please explain:**

_____ **No**

Please note: You will not be considered an OSU Extension Volunteer and will thus not be required to do a criminal background check for OSU Extension.

The information I have provided on this application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Because of the limited class size, we recommend you submit your application as soon as possible. **Applications are due Friday, January 5, 2024.**

General Course Information:

- **Class Times** - Please contact OSU Extension or visit the website – Mahoning.osu.edu – to get an update on the day of the week and time of day classes are offered. These change each year, so the day might be different from when you last spoke to a staff person. They are generally 8 or so evenings, from 6-9pm and 3-4 Saturdays from 9am-3:30pm.
- **Fees - Course** - The cost of the class (after you are accepted) is \$225. Payment is made after the interview is conducted and you are accepted into the class.
- **Fees – Background Check** - There is no background check required because you will not be considered an OSU Volunteer. All applicants will become a volunteer at a different site and will follow the rules of the chosen site (personal choice).
- **Reading/Quizzes** - The class requires some reading before class and a quiz (10 questions) for each chapter. This is open book at home.
- **Volunteering** - The volunteer requirements after the class at 40 hours in the first year. This starts after class is completed. For each year after, the requirement is 20 hours of volunteer time and 8 hours of continuing education each year.

I have read and understand these course basics _____ (Signature)

Send a copy of your completed and signed application to:

**OSU Extension
Mahoning County
490 S. Broad St, Canfield, OH 44406**

**OR email to
Eisenhauer.30@osu.edu**