

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?**

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**What is your gardening philosophy?**

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

Employer

Position Title

Year

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**Volunteer Experience: (List current or most recent experience first)**

Organization

Volunteer Role

Year

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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.):

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Type of activities in which you are interested:

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|--|--|--|
| <input type="checkbox"/> Garden Helpline         | <input type="checkbox"/> Public Presentations  | <input type="checkbox"/> Community Gardens   |
| <input type="checkbox"/> Demonstration Gardens   | <input type="checkbox"/> Working with Children | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Beautification Projects | <input type="checkbox"/> Garden Writing        | <input type="checkbox"/> Therapeutic Hort.   |
| <input type="checkbox"/> Other interests _____   |  |  |

Indicate days and times you are available to volunteer:

Monday	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:

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**III. PERSONAL REFERENCES**

**Have you ever been convicted of a misdemeanor or a felony?** \_\_\_\_\_

**If yes, please give date, nature, and disposition of offense:**

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**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.

Name: \_\_\_\_\_  
Relationship Phone Email  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship Phone Email  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship Phone Email  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*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: \_\_\_\_\_

If Signature feature doesn't work, type name here: \_\_\_\_\_

Please return the application by the date requested. Contact us if you have any questions or wish further information. Thank you!



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

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