

OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER APPLICATION

(All sections must be completed for consideration as a Master Gardener Volunteer.)



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): _____

Please check the appropriate box (*this is for tracking demographic information only*).

Highest degree completed:

<input type="checkbox"/> High School	<input type="checkbox"/> Professional Degree	<input type="checkbox"/> Undergraduate Degree
<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> High School	

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?

What is your gardening philosophy?

Previous Volunteer Experience: (Not required to be considered, however the information is helpful to get to know you)

Organization

Volunteer Role

Other special skills, training, interests (i.e. bird watching, crafts, desktop publishing, etc.):

Type of activities in which you are interested (circle or underline the activities that interest you):

Garden Hotline	Demonstration Gardens	Beautification Projects
Public Presentations	Working with Children	Garden Writing
Community Gardens	Working with Adults	Therapeutic Horticulture
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

Please explain why you think you would make a good Master Gardener Volunteer:

The cost of the basic training class is \$250. Are you in need of a scholarship? (*Scholarship are limited to 2 per year; with a scholarship the cost of the class is reduced to \$50*)

Yes No

Are you in need of a payment plant? (*available to anyone who needs it*)

Yes No

III. PERSONAL REFERENCE

Reference: List one non-family member 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 the name of the person you will seek a personal reference from. They can submit the reference form available on our website or simply email a letter of reference to Fitzpatrick.255@osu.edu

Name: _____

Relationship: _____

I understand that I am required to submit to a background check prior to final consideration of my application to volunteer. I understand that the cost of this class is \$250.00 with the possibility of a scholarship making the cost of the class \$50.00. 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: _____

Please return this application no later than July 10, 2019. Contact Maggie Fitzpatrick at 330-599-7710 if you have any questions or want further information. Thank you!

Return application to:

Master Gardener Basic Training Program
Ohio State University Extension, Cuyahoga
12200 Fairhill Rd., E Building
Cleveland OH 44120



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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