



## OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER APPLICATION FORM

(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):** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_

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

**Highest degree completed:**

- ☐ High School
- ☐ Technical Degree
- ☐ Undergraduate Degree
- ☐ Graduate Degree
- ☐ Professional Degree

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

Employer

Position Title

Year

---

---

---

---

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

Organization

Volunteer Role

Year

---

---

---

---

Other special skills, training, interests (i.e. birdwatching, crafts, desktop publishing, etc.): \_\_\_\_\_

---

---

---

**Type of activities in which you are interested:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Garden Hotline          | <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:**

<b>Monday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>
<b>Tuesday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>
<b>Wednesday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>
<b>Thursday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>
<b>Friday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>
<b>Saturday</b>	<b>morning_____</b>	<b>afternoon_____</b>	<b>evening_____</b>

**We frequently 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:**

---

---

---

---

---

---

---

---

---

---

---

---

### III. PERSONAL REFERENCES

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

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

**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 \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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: \_\_\_\_\_

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

*Ohio State University Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, disability, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.*

*Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension TDD No. 800-589-8292 (Ohio only) or 614-292-1868*