

**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 (am/pm): \_\_\_\_\_

Eve: ( ) \_\_\_\_\_ Best time to call (am/pm): \_\_\_\_\_

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

**Length of time at this address (years):** \_\_\_\_\_

**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?**

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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, social media, publishing, writing, etc.):

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Type of activities in which you are interested:

- |  |   |  |
|--|---|--|
| <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 Youth   | <input type="checkbox"/> Community Outreach      |
| <input type="checkbox"/> Social Media          | <input type="checkbox"/> Garden Writing       | <input type="checkbox"/> Health and 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:

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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)

**References continued....**

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 an online 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 to the coordinator. 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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