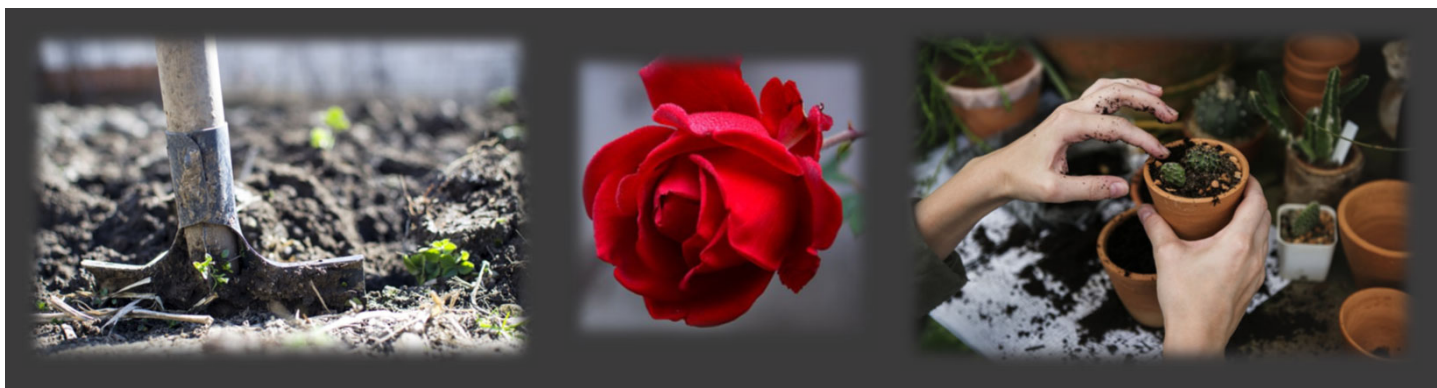


## Master Gardener Volunteer Training Beginning October 2021

The OSU Extension Master Gardener Volunteer Program provides intensive training in horticulture to interested Ohio residents, who then volunteer their time assisting with educational programs and activities through their local OSU Extension county office. **Volunteers are not required to have gardening skills or knowledge**; but a passion for learning about gardening and sharing this knowledge with others is a must! Interested volunteers from all counties are welcome and can transfer to the county of residence for volunteer hours if they wish (prior approval needed).



This program will be a blended format utilizing online, self-paced modules and in-person hands-on laboratory sessions. One laboratory will be offered monthly and participants are required to complete a minimum of seven. Laboratory examples may include visits to local nurseries, arboretums, trial gardens, turf farms, etc.

**Mandatory Orientation (only attend one)**  
**For Champaign County - October 20 at 5:30 p.m.**  
**For Miami County – October 19 at 7 p.m.**

**\$200 fee due with application (\$50 rebate when internship is completed)**  
**Application Deadline: September 10, 2021**

Champaign County – Amanda Douridas, [douridas.9@osu.edu](mailto:douridas.9@osu.edu), 937-772-6012  
Miami County – Shelby Larck, [larck.1@osu.edu](mailto:larck.1@osu.edu), 937-440-3946  
Visit [go.osu.edu/mgvapp2021](http://go.osu.edu/mgvapp2021) for an application

[champaign.osu.edu](http://champaign.osu.edu)  
[miami.osu.edu](http://miami.osu.edu)



MASTER GARDENER VOLUNTEER APPLICATION



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

Applications are due September 10, 2021

\$200.00 is due with application. Please print and mail form with fee to 510 W Water St, Ste 250, Troy, OH 45373 for Miami County applicants or 1512 S US Hwy 68 B100, Urbana, OH 43078 for Champaign County applicants

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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**This position involves some public speaking either as part of a team or individually. It is part of our mission to share horticulture knowledge with others. 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:

- |  |  |  |
|--|--|--|
| <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.   |

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. In order to become a volunteer, each person must complete a background check. More information will be available at orientation.

**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)

*I authorize the contact of listed references and understand that I am required to submit to a 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_