

**OHIO STATE UNIVERSITY EXTENSION
MASTER GARDENER VOLUNTEER PROGRAM**



Each year a new class of Master Gardener Trainees is selected. The class size is limited to ensure the best possible training for the trainees and reasonable volunteer opportunities. Classes will be held at the Cuyahoga County Extension office in Cleveland. The classes will begin in August, once a week on Tuesdays, August 1st-October 3rd. There will also be three day-long Saturday classes, dates TBA.

The class duration is from 6:00 PM to 9:00 PM. Classes are held at the OSU Extension office at 5320 Stanard Ave. Cleveland, OH 44103.

Classroom lectures and learning activities are provided by Ohio State University Extension personnel, as well as a few local experts. You must successfully complete weekly quizzes and a take-home, open-book final examination.

Volunteering is a critical part of the learning process and you must complete a minimum of 50 hours of volunteer work by September 30, 2018, to become certified as an Ohio State University Extension Master Gardener Volunteer. There are continuing requirements to maintain this certification (currently 20 hours volunteer work and 10 hours of Continuing Education each year.)

This program is not designed for professional horticulturists. It is a volunteer program.

PROCEDURES:

1. A completed application and completed reference forms from three references must be returned by June 16th to:
Master Gardener Program/Applications
Ohio State University Extension
5320 Stanard Ave.
Cleveland, Ohio 44103.
Applications and reference forms are also available on-line at:
www.cuyahogamg.org
2. Interviews will be held the week of June 26th-30th at the OSUE office.
3. Each applicant will be notified of his or her status by telephone/mail the week of July 21st, 2017.
4. If accepted, a check payable to *OSU Extension* must be received before the first class. The cost of the program is \$250.00. (*Limited sliding scales are available based on need, See application*)
5. If accepted, the applicant will be required to have a fingerprint criminal background check done immediately at his/her own cost. Results of this check must be on file in the county or state office prior to August 31, 2017.



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cuyahoga.osu.edu

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OHIO STATE UNIVERSITY EXTENSION
MASTER GARDENER VOLUNTEER PROGRAM



MISSION:

The Ohio State University Extension Master Gardener Program is a volunteer educational program designed to meet the horticultural needs of citizens of Ohio. Its purpose is to train volunteers and use their expertise to teach people more about plants, their culture, and their importance to the environment and to our quality of life.

MAJOR ACTIVITIES:

- Answering telephone inquiries on horticulture topics (the Master Gardener Hot Line).
- Providing instruction in fourth grade plant science.
- Giving talks to garden clubs and other organizations.
- Planting, maintaining, and teaching in Extension's Demonstration Gardens--Ben Franklin Community Garden and Share the Health Garden.
- Assisting with therapeutic horticulture projects with patients in nursing homes and skilled nursing facilities.
- Providing information and assistance at garden shows, fairs, plant sales and Farmers Markets.
- Assisting seniors in special horticulture seminars and lectures (the Tri-C Encore Program).
- Acting as resource personnel to the Community Gardening Program.

THE TRAINING PROGRAM

Master Gardener trainees receive fifty hours of classroom training by Extension faculty and staff; receive a technical training manual covering a wide range of horticulture topics; consult the latest research publications from Ohio State University Extension; develop skills in teaching others, in responding to HotLine callers, and in providing research and information to others. They must complete an initial fifty volunteer hours before certification and then an annual twenty volunteer and ten Continuing Education hours to maintain their certification. Master Gardener Volunteers are held to rigorous standards of behavior with the public, in disseminating pest management information, and in upholding youth protection policies and guidelines.

MASTER GARDENER HISTORY:

The Master Gardener Program began in the state of Washington and is now conducted at land-grant university Extension programs in nearly every state, as well as Canada. The program began in Ohio in 1986 and is now active in more than 50 counties within the state. Cuyahoga County currently has about 200 active Master Gardener Volunteers.



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OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER PROGRAM

General Description

To support OSU Extension, Cuyahoga County in meeting the needs of our citizens in the area of consumer horticulture by assisting with educational programs, diagnosing plant problems, and making cultural and pest management recommendations

Specific Responsibilities:

- Answer consumer's telephone inquiries and assist office visitors with plant/insect samples for identification or diagnosis.
- Assist with establishing and maintaining demonstration gardens.
- Assist teachers, and/or children with gardening education projects in school or club settings.
- Interpret information from Extension bulletins and fact sheets for the general public.
- Distribute Extension information to the public at such events as garden center plant clinics, Farmers Markets, Home and Garden Shows, etc.
- Assist with Extension educational programming, such as talks for garden clubs, Extension sponsored workshops, etc.
- Keep records of consumer contacts and volunteer activities.

Time Required

Volunteer hours may vary from week to week and will generally be earned during regular work hours, although some evening and weekend opportunities exist. A total of 50 volunteer hours must be earned by the end of the calendar year.

Qualifications

The Master Gardener Volunteer must show an interest in, enthusiasm for, and knowledge of gardening. He/she must be able to communicate with the public by phone and deal courteously with visiting public and Extension program participants. He/she must be able to read, write and comprehend the information presented in the training sessions, and be able to communicate that information to the gardening public. The Master Gardener Volunteer must pass all weekly quizzes and the final exam in order to volunteer in the program. He/she must provide his/her own transportation to training and volunteer activities.

Location: County office and various locations around the county.

Support Provided

In addition to the Ohio Master Gardener Manual, Master Gardener Volunteers have at their disposal office reference materials and Internet resources to assist in answering questions and requests for information. If the Master Gardener Volunteer is unable to assist a consumer, questions and requests are referred to the Extension Educator or other appropriate staff.



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Mentor

Each trainee will have the opportunity to work with an experienced Master Gardener Volunteer Mentor. An Extension Educator will provide general coordination, supervision and support to the Master Gardener Volunteers. He/she will assign, review and evaluate volunteer activities.

Class and Other Info

1. Class attendance is mandatory. Be prompt. Class begins at 6:00 PM sharp. Your participation is important!
2. Read the selected text from the manual the week before class. It will help you understand the lecture material that week.
3. All candidates will audit three Master Gardener approved committee functions.
4. HotLine volunteer time is mandatory. Hours can be served at the office, at Farmers' Markets, the Cuyahoga County Fair, Fabulous Food Show, and others.
5. Acceptable volunteer hours are available solely by service at approved Master Gardener Volunteer activities.
6. Within the first year, no single volunteer opportunity is to make up the sum total of your volunteer time.
7. Your volunteer hours are to be reported in a timely manner, once each month. Time logs are available online at www.cuyahogamg.org. Details will be provided for recording hours on an online information system.
8. Volunteer hours may begin starting Jan. 1, 2018, after you have completed and submitted your final exam on or before the exam deadline, and received a passing grade. Volunteer hours are to be completed by September 30, 2018.
9. After your first year, you will be required to complete 20 hours of volunteer service each year and 10 hours of Continuing Education credit each year to be considered an active Master Gardener Volunteer in good standing.



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MASTER GARDENER VOLUNTEER APPLICATION FORM

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

II. 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:

High School

Professional Degree

Undergraduate Degree

Graduate Degree

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 in another state, please list the state, county, year of training, and program supervisor's name:



I 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

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

Organization

Volunteer Role

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

Type of activities in which you are interested:

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

Are you in need of a sliding scale? (*Sliding scales are limited and need-based*)

Yes

No

II. 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, email addresses and phone numbers.

Name: _____

Relationship

Email Address

Home Phone

Work Phone

Address: _____

(Street)

(City)

(State)

(Zip)

Name: _____

Relationship

Email Address

Home Phone

Work Phone

Address: _____

(Street)

(City)

(State)

(Zip)

Name: _____

Relationship

Email Address

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 this application no later than June 16th, 2017. Contact us at 216-429-8200 if you have any questions or wish further information. References may be mailed in separately, but still need to be received by June 16th. Thank you!

Return application to: Master Gardener Program / Application
OSU Extension, Cuyahoga County
5320 Stanard Ave.
Cleveland, OH 44103

OHIO STATE UNIVERSITY EXTENSION
 MASTER GARDENER REFERENCE FORM
Cuyahoga County

Applicant's Name: _____ is applying to serve as a volunteer with the Ohio State University Extension and has given your name as a reference.

Individuals in volunteer positions help others learn new skills, increase their abilities to work together, manage their own activities, and develop and/or strengthen their ability to be contributing members of society.

OSU Extension seeks your assistance in selecting the most qualified people to serve in volunteer roles and will appreciate your prompt completion of this reference form.

How long and in what capacity or position have you known the applicant? _____

Please mark how you would evaluate the applicant's qualities, using this scale:	Excellent	Good Fair	Not Known
Communication Skills			
Organizational Skills			
Respect for Others			
Dependability			
Sense of Humor			
Sense of Fairness			
Enthusiasm			
Flexibility			
Patience			
Initiative			
Resourcefulness			
Understanding of Children			
Working with Other Adults			

L How would you rate the applicant's general ability of work in a volunteer role with youth and/or adults?

Excellent Good Fair Poor

Comments: _____

2. What additional skills, abilities and attributes does the applicant have that would be helpful in his/her role as a volunteer?

3. How much experience does the applicant have working with people who are developmentally disabled, from different cultural backgrounds, from different socioeconomic backgrounds?

Much experience Some experience Little or no experience Unknown

Comments: _____

4. How would you describe the applicant's ability to handle records and/or money?

Very good. I would trust this person with records and money.
 Fair. The person will do ok, but will need some help handling records and money.
 Poor. Handling records and money is a problem for this applicant.

5. How would you describe the applicant's general interactions with other adults?

Consistently positive and reasonable. Moody and hard to predict.
 Usually positive and reasonable. Negative and unreasonable.

6. Would you be willing to place a child or other individual for whom you are responsible under his or her leadership?

Yes No

Comments: _____

7. Do you know any reason why this person should NOT be considered for this volunteer position?

Yes No

If yes, please explain: _____

Signature: _____ Date: _____

Additional Notes/Comments: