
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

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

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

III. PERSONAL REFERENCES

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 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 July 8, 2018. Contact us at 216-429-8200 x217 if you have any questions or wish further information. Thank you!

Return application to: Master Gardener Basic Training Program
Ohio State University Extension, Cuyahoga
12200 Fairhill Rd.
Cleveland OH 44120