



OHIO STATE UNIVERSITY EXTENSION
HANCOCK COUNTY MASTER GARDENER
VOLUNTEER EDUCATOR APPLICATION

All sections must be completed - Fee collected upon acceptance

Please return by March 1, 2008



I. GENERAL INFORMATION

Name: (First) (Middle) (Last)

Mailing Address: (Street) (City) (State) (Zip)

Phone: Day: () Best Time to Call:
Eve: () Best Time to Call:

Email address:

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

- Highest degree completed: Major Area of Study
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:

List any Master Gardener Volunteers that you know:

To be a Master Gardener Volunteer, you must be willing to volunteer fifty (50) hours in the first year as a Master Gardener Volunteer Intern and twenty-five (25) hours each succeeding year. Are you willing to commit to these hours - most of which will be during day time? YES NO

Are you willing to make more than a single year commitment to this program (barring any unforeseen circumstances)? YES NO

II. VOLUNTEER INTEREST

Why are you interested in becoming a Master Gardener Volunteer educator and what does it mean to you to be known as a Master Gardener Volunteer?

What kind of gardener are you?

What is your horticultural background (education and experience)?

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

Employer

Position/Title

Year

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

Organization

Volunteer Role

Year

Type of Master Gardener Volunteer activities in which you may have an interest:

- Telephone Responses to Gardening Questions
- Public Presentations
- Radio Responses to Gardening Questions
- Demonstration and Research Garden
- Working with Children
- Working with Adults
- MGV Program Design
- Garden Writing/Newsletter
- MGV Website Maintenance

Other interests and/or abilities you would be able to share:

III. PERSONAL REFERENCES – This section must be completed in order to be considered as a possible trainee

Have you ever been convicted of a misdemeanor or a felony? ___ YES ___ NO

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. *If this information is not provided, your application will not be processed.*

1. Name: _____ Relationship _____ Home Phone _____ Work Phone _____

Address: _____
(Street) (City) (State) (Zip)

2. Name: _____ Relationship _____ Home Phone _____ Work Phone _____

Address: _____
(Street) (City) (State) (Zip)

3. 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: _____

Course Fee & Selection Criteria :

Application must be received by March 1, 2008. The \$125 fee is not to be paid when application is submitted. The fee will be due when the acceptance letter is received. Contact us if you have any questions or wish further information. Thank you!

Hancock County Master Gardeners
OSU Extension Office
7868 CR 140 Suite B
Findlay, OH 45840
419-422-3851

Additional applications and information is available on our web site:
<http://hancock.osu.edu/hort/info.htm>

Nancy Kronberg (kronberg.3@cfaes.osu.edu)

OSU Extension embraces human diversity and is committed to ensuring that all educational programs conducted by Ohio State University Extension are available to clientele on a nondiscriminatory basis without regard to race, color, age, gender identity or expression, disability, religion, sexual orientation, national origin, or veteran status.

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