

Master Gardener Volunteer Training

Tuesdays and Thursday **EVENINGS**, Sept 8 – Nov 12, 2020

6:30 P.M. – 8:00 P.M.

Mandatory Orientation on September 3 at 7:00 p.m.

We are monitoring the current pandemic situation. Training will be held virtually at this time but might include an in-person option should that be permitted. Three additional class dates will be held for educational field trips (Saturdays). Please contact bennett.709@osu.edu with questions.



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 for Ohio residents 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).

Our activities include:

- Plant & Pest Diagnostic Clinic
- Educational workshops
- Youth gardening programs
- Demonstration gardens
- Miami County in Bloom Garden Tour
- Coffee with the Master Gardeners series
- Fall Farm Festival
- Christmas in the Village
- The Garden Tribe (Piqua Central Intermediate)
- Pruning Class

\$150 fee due with application
Application Deadline: August 28, 2020

Call the office at 937-440-3945, email adams.2309@osu.edu, or visit go.osu.edu/miamimgv2020 for an application



MASTER GARDENER VOLUNTEER APPLICATION



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

Applications are due August 28, 2020

\$150.00 is due with application. Please either print and mail form with fee to 510 W Water St, Ste 250, Troy, OH 45373 or submit form via email to adams.2309@osu.edu and pay deposit via phone 937-440-3945

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?

What is your gardening philosophy?

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

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:

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

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:

III. 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. 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: _____