

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

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

Our Mission: We are Ohio State University Extension trained volunteers empowered to educate others with timely research-based gardening information.

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)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>

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

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>

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 Horticulture |

Other interests:

Indicate days and times you are available to volunteer:

- | | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|
| Monday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |
| Tuesday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |
| Wednesday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |
| Thursday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |
| Friday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |
| Saturday | morning <input type="checkbox"/> | afternoon <input type="checkbox"/> | evening <input type="checkbox"/> |

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:

Dietary restrictions (we occasionally serve snacks, etc. during training)

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.

References: List 3 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)

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 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 the application by the date requested. Contact us if you have any questions or wish further information. Thank you!

OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER POSITION DESCRIPTION



General Description

The Master Gardener Volunteer (MGV) role is to support OSU Extension, Ashtabula County in meeting the needs of our citizens in the area of consumer horticulture by assisting with educational programs, diagnosing plant problems, making cultural and pest management recommendations, and other various opportunities.

Specific Responsibilities:

- Answer consumer's telephone inquiries and assist office visitors with plant/insect samples for identification or diagnosis on the horticulture hotline.
- Assist with Extension educational programming, such as talks for garden clubs, Extension sponsored community workshops, newspaper columns, and D-Day outreach.
- Assist with establishing and maintaining demonstration gardens at the Extension facility.
- Assist teachers, 4-H volunteers, 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 the county fair, Home and Garden Shows, and D-Day.
- Keep records of consumer contacts and volunteer activities.

Duties:

- Answer questions by telephone, at workshops, and at lectures on fruit, vegetables, flower gardening, trees, shrubs, lawns, house plants, diseases, insects, pests, and pesticides as able.
- Work alone or with others on workshops or demonstrations.
- Keep records and notes on all activities.
- Consult with the appropriate Extension Educator or staff person when in doubt on policy or recommendations.
- Interpret publications, bulletins, handouts, and newsletters; simplify technical information for the public.
- Keep current with new publications and articles.
- Attend required advanced training in-services.

Time Required:

Volunteer hours may vary from week to week, will generally be needed during regular work hours, although some evening and weekend opportunities exist. A total of 50 hours must be donated during the intern year. Twenty hours of this time will be dedicated to hotline.

Qualifications:

The MGV must show an interest in, enthusiasm for, and some 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 weekly quizzes during training, attend all training classes, and pass the final exam in order to volunteer in the program. He/she must provide his/her own transportation to training and volunteer activities.

Location: Ashtabula County Extension office and various locations around the county.

Support Provided:

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

Suggested Volunteer Service Projects:

- Teaching community and school groups on horticultural topics.
- Speaking at Extension arranged or sponsored lectures or programs.
- Staffing information booth for Extension at fairs, DDay, meetings or community events.
- Training 4-H advisors in appropriate subject matter.
- Serving as 4-H Garden Leader.
- Help community groups with design community vegetable gardens or floral gardens (butterfly or native pollinator gardens)
- Assist with the Butterfly demonstration gardens at the OSU Extension office.
- Answering, at the Extension office, Horticulture Hotline telephone calls pertaining to gardening or related matters.
- Writing news releases and columns.
- Assisting in development of educational materials for use by OSU Ashtabula County Extension office or Ashtabula County Master Gardeners.
- Assisting in writing and/or editing materials to be used by the Master Gardeners.
- Serving on a Master Gardener Committee.
- Mentoring Master Gardener interns.
- Conducting applied research projects such as the phenology bloom project.
- Other possibilities are open, with approval.

Mentor:

Andrew Holden, Extension Educator will provide coordination, supervision and support to the MGVs. He will assign, review and evaluate volunteer activities.

I have read the above information and agree to abide by the policies of the Master Gardener program.

Signature

Date



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THE OHIO STATE UNIVERSITY EXTENSION
MASTER GARDENER VOLUNTEER



PEST MANAGEMENT INFORMATION POLICY

(SIGN AND RETURN TO EXTENSION OFFICE)

Protection of the environment and human health is a concern of everyone. In order to promote wise and effective pest management decisions, the Ohio State University Extension Master Gardener Volunteers are asked to subscribe to the following policies. This contract will serve as a formal basis for Master Gardener Volunteers when providing pest management information.

1. I understand that as a Master Gardener Volunteer the pest management information I provide must be limited to home, lawn, and garden problems; questions concerning commercial crop production, commercial pest control, and pesticide liability are to be referred to the appropriate Extension Professional.
2. I understand that as a Master Gardener Volunteer I will provide both nonchemical and chemical pest management information as approved by Ohio State University Extension and allow the client his or her choice of strategies.
3. I understand that pesticides must be applied with care and only to plants, animals or sites listed on the pesticide label. When mixing and applying pesticides, all label precautions must be followed to protect the applicator, other persons, and the environment. It is a **violation of law** to disregard label directions. I will attempt to communicate this information to the client along with the pest management options.
4. I understand that as a Master Gardener Volunteer I am considered a volunteer representative of Ohio State University Extension. Therefore, OSU Extension will assume liability for the pest management information I provide, **only if the information is limited to accurate, documented control options approved by Ohio State University Extension for home and garden use.**

I understand that if either I or the client is not clear on information, we will request clarification from the appropriate Extension Professional.

Volunteer Signature	Date	Extension Professional Signature	Date
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Keep this record for your files; signature of this form is on file in the Extension office.

Volunteer Standards of Behavior: Master Gardener Volunteers



(Reference Copy for Intern's Records)

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension Master Gardener Volunteer Program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer's behavior during their involvement with the Master Gardener Volunteer Program. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer's involvement with OSUE is a privilege and a responsibility, not a right.

The OSU Extension Master Gardener Volunteer Program provides unbiased, research-based educational programs accessible to all Ohio residents. The primary purpose of this Standards of Behavior is to ensure the safety and well-being of all Master Gardener Volunteer Program participants (i.e., target audiences, professionals and volunteers.) Master Gardener Volunteers are expected to function within the guidelines of Ohio State University Extension and the OSU Extension Master Gardener Volunteer Program.

Ohio State University Extension Master Gardener Volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Master Gardener Volunteer Program and The Ohio State University.
- Conduct themselves in a courteous and respectful manner, with fairness, honesty, dignity and integrity, and provide positive role models for all with whom they work.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Master Gardener Volunteer Program, the State Master Gardener Volunteer Program and OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer's emotional or physical well-being to the county Extension professional coordinating the Master Gardener Volunteer Program.
- Accept the responsibility to promote and support Master Gardener Volunteer activities in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

Volunteer Standards of Behavior: Master Gardener Volunteers continued

I understand and agree that as a volunteer:

- In accordance with The Ohio State University policy, *Self-Disclosure of Criminal Convictions Policy 4.17*, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a one-on-one situation, including, but not limited to sleeping quarters with minors.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER TITLE USE AGREEMENT

The title **OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER** is to be used only and exclusively in conjunction with activities associated with the Ohio State University Extension Master Gardener Volunteer Program.

- I will identify myself as a “Master Gardener Volunteer” only when engaged in unpaid public service in an Ohio State University Extension sponsored program.
- I will not appear as part of a commercial activity, have association with commercial products, or give implied Ohio State University or Ohio State University Extension endorsement of any product or place of business while serving as a Master Gardener Volunteer.
- In such service, I will use only labeled or Ohio State University and Ohio State University Extension approved recommendations.

I have read, understand, and agree to be bound by the Standards of Behavior and the Master Gardener Volunteer Title Use Agreement outlined above.

- I agree to give the Ohio State University Extension 50 hours of volunteer service in approved programs in exchange for 50 hours of horticultural training.
- I understand and agree that any act or omission on my part that contradicts any portion of these standards is grounds for immediate suspension and/or termination of my volunteer status with the Ohio State University Extension program.

Printed Name

Signature

Date



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