

Erie County Master Gardener Application



Please read prior to filling out application:

Important Dates and Information:

- Completed applications are due to the Erie County Extension Office by **JANUARY 10, 2026**

Applications can be mailed to:
OSU Extension, Erie County
2900 Columbus Ave
Sandusky, OH 44870

-OR-

Emailed to: **dehaas.2@osu.edu** (please attach application as PDF)

- Interviews will take place the morning of January 15th and the afternoon of January 16th- please be sure to indicate which day you prefer on page 1.
- Candidate selection will take place on January 19th and new interns will be contacted with training schedule
- All applicants must complete and pay for a BCI background check

Need More Info?:

Visit: <https://mastergardener.osu.edu/about/becoming-mgv>

Or call the OSU Extension Office, Erie County: 419-627-7631

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 (am/pm): _____

Cell: () _____ Best time to call (am/pm): _____

Email: _____

Length of time at this address (years): _____

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

State _____ County _____ Year of Training Program _____

Program and program supervisor's name: _____

If selected for interview, select your interview day preference:

_____ Jan. 15, 2026 A.M. _____ Jan. 16, 2026 P.M. _____ No preference

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any teaching or public speaking experience? Yes No

This could include reading at church, speaking to school age children, leading activities or meetings, etc.

Personal Experience includes:

II. VOLUNTEER INTEREST CONT.

Other special skills, training, interests (i.e. bird watching, social media, publishing, writing, etc.):

- | | | |
|--------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <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 Youth | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Social Media/Newsletter | <input type="checkbox"/> Garden Writing | <input type="checkbox"/> Health and Horticulture |

Other interests

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? 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 or friends 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 an 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 contact your county extension office if you have any questions or wish further information. Thank you!