



## 2019 Master Gardener Extension Volunteer Basic Training

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Each year a new class of Master Gardener Trainees is selected. The class size is limited to ensure the best possible training for the trainees and reasonable volunteer opportunities. Classes will be held at a variety of locations in the Akron/Summit County area , with one exception. .The classes will begin mid to late August and continue each Wednesday all day through October 2019.. The location for these classes will be announced at a later time.

The class time is from 9:00 to 4:00 PM.

Classroom lectures and learning activities are provided by Ohio State University Faculty, District Specialists and State Specialists, as well as a few local experts. You must complete take home quizzes and open-book final examination, and presentation project.

Volunteering is a critical part of the learning process and you must complete a minimum of 50 hours of volunteer work by September 30, 2020, to become certified as an Ohio State University Extension Master Gardener. There are continuing requirements to maintain this certification (currently 20 hours volunteer work and 10 hours of advanced training each year).

This program is not designed for professional horticulturists. It is a volunteer program.

### PROCEDURES:

1. A completed application **and** completed reference forms from three references must be returned by June 15, 2019 to:  
*Summit County Master Gardener Program*  
*PO Box 1164*  
*Cuyahoga Falls, OH 44224*  
Applications and reference forms are also available on-line at:  
<http://www.summitmastergardeners.org/become-a-master-gardener/>
2. Interviews will be held the last part of June/July.
3. Each applicant will be notified of his or her status by email/telephone with further instructions included at that time..
4. If accepted, a check payable to **Ohio State University Extension** must be received before the first class. The cost of the program is \$275.00. (*Limited financial assistance is available.*)
5. If accepted, the applicant will be required to have an on-line criminal background check done immediately at his/her own cost. Results of this check must be on file in the county or state office prior to August 1, 2019.



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: <http://go.osu.edu/cfaesdiversity>



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## **MISSION:**

The Ohio State University Extension Master Gardener Program is a volunteer educational program designed to meet the horticultural needs of citizens of Ohio. Its purpose is to train volunteers and use their expertise to teach people more about plants, their culture, and their importance to the environment and to our quality of life.

## **MAJOR ACTIVITIES:**

- Answering telephone inquiries on horticulture topics (the Master Gardener HotLine).
- Providing instruction in fourth grade plant science.
- Giving talks to garden clubs and other organizations.
- Planting, maintaining, and teaching in Demonstration Gardens.
- Assisting with therapeutic horticulture projects with patients in nursing homes and skilled nursing facilities.
- Providing information and assistance at garden shows, fairs, plant sales and Farmer's Markets.
- Assisting in special horticulture seminars and lectures.
- Acting as resource personnel to the Community Gardening Program.

## **THE TRAINING PROGRAM**

Master Gardener trainees receive fifty hours of classroom training by Extension faculty and staff; receive a technical training manual covering a wide range of horticulture topics; consult the latest research publications from Ohio State University Extension; develop skills in teaching others, in responding to HotLine callers, and in providing research and information to others. They must complete an initial fifty volunteer hours before certification and then an annual twenty volunteer and ten advanced training hours to maintain their certification. Master Gardeners are held to rigorous standards of behavior with the public, in disseminating pest management information, and in upholding youth protection policies and guidelines.

## **MASTER GARDENER HISTORY:**

The Master Gardener Program began in the state of Washington and is now conducted at land-grant university Extension programs in nearly every state, as well as Canada. The program began in Ohio in 1986 and is now active in more than 60 counties within the state. Summit County currently has approximately 150 active Master Gardeners.



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## General Description

To support OSU Extension, Summit County, in meeting the needs of our citizens in the area of consumer horticulture by assisting with educational programs, diagnosing plant problems, and making horticultural management recommendations.

## Specific Responsibilities

- Answer consumer's telephone inquiries and assist office visitors with plant/insect samples for identification or diagnosis.
- Assist teachers, community persons and/or children with gardening education projects in community, club or school settings.
- Interpret information from Extension bulletins and fact sheets for the general public.
- Distribute Extension information to the public at such events as garden center plant clinics, Farmer's Markets, Home and Garden Shows, etc.
- Assist with Extension educational programming, such as talks for garden clubs, Extension sponsored workshops, etc.
- Keep records of consumer contacts and volunteer activities.

## 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 by the end of the calendar year.

## Qualifications

The Master Gardener volunteer must show an interest in, enthusiasm for, and knowledge of gardening. He/she must be able interested in learning and understand that Master Gardeners follow the recommendations of researched based information. The Master Gardener volunteer must pass all weekly quizzes and the final exam in order to volunteer in the program (these are take-home and open-book).

## Location

County Extension office and various locations around the county.

## Support Provided

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

## Mentor

An Extension Educator will provide general coordination, supervision and support to the Master Gardener volunteers. He/she will assign, review and evaluate volunteer activities.

## OHIO STATE UNIVERSITY EXTENSION

1. Class attendance is required. Be prompt. Class begins at 9:00 AM sharp. Your participation is important!
2. Read the selected text from the manual the week before class. It will help you understand the lecture material that week.
3. All candidates will participate in at least three Master Gardener approved committee functions in their first year.
4. Telephone Hotline or Farmer's Market is a mandatory activity. You must actively participate for volunteer hours for one of these at least once.
5. Acceptable volunteer hours are available solely by service at approved Master Gardener volunteer activities.
6. Within the first year, no single volunteer opportunity is to make up the sum total of your volunteer time.
7. Your hours will be recorded using the Ohio State University Volunteer Management System. This is an on-line system.
8. Volunteer hours may begin after the OSUE office is receipt of your Background check results. Volunteer hours are to be completed by September 30, 2020.
9. After your first year, you will be required to complete 20 hours of volunteer service each year and 10 hours of advanced training credit each year to be considered an active Master Gardener in good standing.



**II. VOLUNTEER INTEREST**

**Why are you interested in becoming a Master Gardener volunteer?**

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**What is your gardening philosophy?**

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

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>
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**Previous Volunteer Experience: (List current or most recent experience first)**

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>
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**Other special skills, training, interests (i.e. bird watching, crafts, desktop publishing, etc.):**

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**Type of activities in which you are interested:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Garden Hotline       | <input type="checkbox"/> Demonstration Gardens | <input type="checkbox"/> Beautification Projects |
| <input type="checkbox"/> Public Presentations | <input type="checkbox"/> Working with Children | <input type="checkbox"/> Garden Writing          |
| <input type="checkbox"/> Community Gardens    | <input type="checkbox"/> Working with Adults   | <input type="checkbox"/> Therapeutic Hort.       |
| <input type="checkbox"/> Other interests:     | <hr/>  |  |

**Indicate days and times you are available to volunteer:**

- |           |                                  |                                    |                                  |
|-----------|----------------------------------|------------------------------------|----------------------------------|
| Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

**We frequently 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:**

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**Are you in need of financial assistance?**

- Yes       No

**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 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. **YOU NEED TO PROVIDE THE PERSONS WITH THE ATTACHED FORM. IT NEEDS TO BE COMPLETED BY THE REFERENCE AND RETURNED TO THE EXTENSION OFFICE.**

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 an on-line 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 this application no later than June 15, 2019. Contact us at 330-928-4769, if you have any questions or wish further information. Thank you!

Return application to:

Summit County Master Gardener / Application  
PO Box 1164  
Cuyahoga Falls , OH 44224

Or email to [kowalski.124@osu.edu](mailto:kowalski.124@osu.edu)  
Jacqueline Kowalski  
OSU Extension Summit County





**OHIO STATE UNIVERSITY EXTENSION**  
**MASTER GARDENER REFERENCE FORM**  
**Summit County**

Applicant's Name: \_\_\_\_\_ is applying to serve as a volunteer with the Ohio State University Extension and has given your name as a reference.

Individuals in volunteer positions help others learn new skills, increase their abilities to work together, manage their own activities, and develop and/or strengthen their ability to be contributing members of society.

OSU Extension seeks your assistance in selecting the most qualified people to serve in volunteer roles and will appreciate your prompt completion of this reference form.

**How long and in what capacity or position have you known the applicant?** \_\_\_\_\_

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Please mark how you would evaluate the applicant's qualities, using this scale:	Excellent	Good Fair	Not Known
Communication Skills			
Organizational Skills			
Respect for Others			
Dependability			
Sense of Humor			
Sense of Fairness			
Enthusiasm			
Flexibility			
Patience			
Initiative			
Resourcefulness			
Understanding of Children			
Working with Other Adults			

1. How would you rate the applicant's general ability to work in a volunteer role with youth and/or adults?  
 \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Comments:

2. What additional skills, abilities and attributes does the applicant have that would be helpful in their role as a volunteer?
3. How much experience does the applicant have working with people who are developmentally disabled, from different cultural backgrounds, from different socioeconomic backgrounds?  
 Much experience     Some experience     Little or no experience     Unknown

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How would you describe the applicant's ability to handle records and/or money?  
 Very good. I would trust this person with records and money.  
 Fair. The person will do ok, but will need some help handling records and money.  
 Poor. Handling records and money is a problem for this applicant.

5. How would you describe the applicant's general interactions with other adults?  
 Consistently positive and reasonable.                       Moody and hard to predict.  
 Usually positive and reasonable.                                       Negative and unreasonable.

6. Would you be willing to place a child or other individual for whom you are responsible under his or her leadership?  
 Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you know any reason why this person should NOT be considered for this volunteer position?  
 Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes/Comments: