

OHIO STATE UNIVERSITY EXTENSION

Ohio Certified Volunteer Naturalist Application

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 an Ohio Certified Volunteer Naturalist in another state, please list the state, county, year of training, and program supervisor's name:

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II.VOLUNTEER INTEREST

Why are you interested in becoming an Ohio Certified Volunteer Naturalist?

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 ___ If so, please provide details:

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

Type of activities in which you are interested:

- Aquatics Nature Interpretation Ornithology
- Herpetology Mammals Bird and Nature Walks
- Public Speaking Children's Workshops/ Presentations Adult Workshops / Presentations
- 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_____

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I 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 embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.

Keith L. Smith, Associate Vice President for Agricultural Administration; Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension; and Gist Chair in Extension Education and Leadership.

For Deaf and Hard of Hearing, please contact OSU Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 740-397-0401.



Volunteer Options

OCVN or OSU Extension OCVN

OCVN: work strictly with parks, conservancies and environmental agencies.

- Not covered under the OSU liability insurance
- Covered under the agency you are volunteering for, if applicable.

OSU Extension OCVN: work with OSU Extension sponsored/co-sponsored events, parks, conservancies, and environmental agencies.

- With this option you can “wear” both hats.
- Covered under OSU Liability insurance during extension sponsored/ co-sponsored events.

Signature

Date

Option Choice: