



Extension Master Gardener Volunteer Application

VCE Unit Name: _____ Application Year: _____

Unit Address: _____

Applicant Last Name: _____ First Name: _____

A. Contact Information	
Address (Street, City, State, Zip)	
Home Phone	Cell Phone
Work Phone	Email Address
Emergency Contact Name	
Emergency Phone (Day)	Emergency Phone (Evening)

B. Voluntary Disclosure
<p>This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for this unit of the Virginia Cooperative Extension Master Gardener Volunteer Program.</p> <p>Have you ever had any criminal convictions including moving traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes" to any question above, please describe:</p> <p>I understand that criminal background screenings or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension (VCE).</p> <p style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </p>

C. Availability	Please mark an "X" to indicate the days and times below that you are available for volunteer work.			
	Weekdays		Weekends	
	A.M.	P.M.	A.M.	P.M.
January - March				
April - May				
June - August				
September - October				
November - December				

D. Other Volunteer Experience
1.
2.
3.
4.
5.

E. Memberships in Horticultural or Conservation Organizations
1.
2.
3.
4.
5.

In which neighborhood or part of the county/city do you live? _____

Does your neighborhood have a Homeowners' Association? If yes, what is the name of your HOA?

Describe any leadership experience you have

Where did you hear about the Master Gardener volunteer program?

Please check the response that describes your level of ability with the following:

	Have never used	Basic Knowledge	Use all the time	Can teach others	Willing to learn
E-mail					
Internet					
Microsoft Word					
Microsoft PowerPoint					
Access					
Publisher					
Second language					

F. References

1. Name Phone Relationship

Address Email

2. Name Phone Relationship

Address Email

G. Media Release Statement

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: Yes No

H. Enrollment Agreement

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signed _____ Date _____

Printed Name _____

I. Demographic Information (optional; for record keeping purposes only)

- | | |
|--|---|
| <p>1. Gender</p> <p>Female</p> <p>Male</p> | <p>2. Ethnicity</p> <p>Hispanic</p> <p>Not Hispanic</p> |
| <p>3. Race</p> <p>African American</p> <p>American Indian</p> <p>Asian</p> <p>Caucasian (white)</p> <p>Other</p> | <p>4. I live:</p> <p>On a farm</p> <p>Rural area or town under 10,000 population</p> <p>Town or city of 10,000 to 50,000 population</p> <p>Suburb or city over 50,000 population</p> <p>City over 50,000 population</p> |
5. Highest level of education: _____

VCE Internal Use Only

Date volunteer application received: _____

Date of interview: _____

Date of background screening: _____

Application requires further action: Yes No

Applicant met qualifications? Yes No

Date acceptance letter sent _____

Date rejection letter sent _____

Signature, VCE Representative _____ Date _____

Please return the completed application no later than your interview date to:

Virginia Cooperative Extension, Prince William County
8033 Ashton Avenue, Suite 105
Manassas, VA 20109-8202

You can also fax your completed application to 703-792-4630, ATTN: Nancy Berlin, MG Coordinator

Applications will be reviewed for the candidates who will best help us meet the needs of environmental/horticultural education in the Prince William area. Those candidates will be contacted to schedule an interview. A fee of \$5 will be collected at the interview for a background check with PreSearch. Classes will begin Tuesday, September 17. Checks should be made payable to Treasurer, Virginia Tech. Applicants must complete a background, reference check and pay fee of \$230 for class fees prior to starting the program. There is a returned check fee of \$50 incurred by Bursar of Virginia Tech.

Class fees cover:

- Master Gardener manual
- Turf Handbook
- Hand lens
- Invasive Plant book
- Native Tree book
- Northern Virginia Natives book
- Speaker fees
- Refreshments (2 events)
- Handouts
- Pest Management Guide
- BEST Lawns assessment/soil test fees