



## Extension Master Gardener Volunteer Application

VCE Unit Name: \_\_\_\_\_ Application Year: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

<b>B. Voluntary Disclosure</b>
<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>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.

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<br/> <input type="checkbox"/> Female<br/> <input type="checkbox"/> Male</p>  | <p>2. Ethnicity<br/> <input type="checkbox"/> Hispanic<br/> <input type="checkbox"/> Not Hispanic</p>  |
| <p>3. Race<br/> <input type="checkbox"/> African American<br/> <input type="checkbox"/> American Indian<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Caucasian (white)<br/> <input type="checkbox"/> Other</p> | <p>4. I live:<br/> <input type="checkbox"/> On a farm<br/> <input type="checkbox"/> Rural area or town under 10,000 population<br/> <input type="checkbox"/> Town or city of 10,000 to 50,000 population<br/> <input type="checkbox"/> Suburb or city over 50,000 population<br/> <input type="checkbox"/> 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 print name clearly: \_\_\_\_\_

### INTERESTS & SKILLS QUESTIONNAIRE

It takes many people with diverse skills to run the Goochland Powhatan Extension Master Gardener program. We are ALL volunteers. On this page, please indicate any of your particular interests and skills and briefly describe the context in which they have been developed.

How did you hear about the Goochland Powhatan Extension Master Gardener Program?

What are your previous gardening experiences?

Please list any specialized gardening skills / knowledge (xeriscaping, water gardening, organic vegetable gardening, etc.):

Other:

Skill / Interest	X	Proficiency and / or comments
Don't use one		
Email only		
Use extensively at work / home		
Data entry		
Desktop publishing		
Web design / management		
Microsoft Excel		
Microsoft Powerpoint		
Microsoft Publisher		
Sharepoint		
Videography		
Digital Photography		
Scrap Book Design		
Graphic Design		
Writing		
Editing		
Proofreading		
Finance / auditing		
Marketing / advertising		
Program Management		
Catering event planning		
Teaching		
Leading groups (Scouting)		
Leadership training		
Public speaking		
Language skills / fluency level		



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