



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>Signature _____ Date _____</p> |

Virginia Cooperative Extension 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 law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Interim Administrator, 1890 Extension Program, Virginia State University, Petersburg.

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