

**Virginia Master Naturalist Program
Volunteer Information and Enrollment Form
Rivanna Chapter Winter/Spring**



A. General Information

Name			
Street Address			
City, State, ZIP Code			
County or Independent City of Residence			
E-Mail Address			
Phone number *indicate preference	Home:	Work:	Mobile:

B. Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work and mobile phone	
E-Mail Address	

C. Demographic Information (Optional, for record keeping purposes only)

Gender	Female	
	Male	
Ethnicity	Hispanic or Latino	
	Not Hispanic or Latino	
Race	White	Asian
	Black or African American	Native Hawaiian or other Pacific Islander
	American Indian or Alaska Native	Multi-Racial

Date of Birth:

D. Personal References (such as co-worker, co-volunteer, or friend) Applicant is responsible for asking each personal reference to complete the Volunteer Reference Form – three references required

1. Name and relationship	
Street Address	
City ST ZIP Code	
Phone Numbers - day and night	
E-Mail Address	

2. Name and relationship	
Street Address	
City ST ZIP Code	
Phone Numbers - day and night	
E-Mail Address	
3. Name and relationship	
Street Address	
City ST ZIP Code	
Phone Numbers - day and night	
E-Mail Address	

E. Driving Information

Do you have a current and valid driver's license?	Yes	No
Do you have a current commercial driver's license (CDL)?	Yes	No
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	Yes	No

F. Personal Background Information (This information will be kept confidential and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered volunteer.)

Have you ever had any criminal conviction relations to:

a. Alcohol or drug abuse?	Yes	No
b. Child abuse or neglect?	Yes	No
c. Spousal abuse?	Yes	No
d. Elder abuse or neglect?	Yes	No
e. Have you ever been convicted of any violation(s) of the law?	Yes	No
f. Have you been convicted of any moving traffic violations in the last five years?	Yes	No

If you answered "yes" to any of the above, please describe:

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the Virginia Master Naturalist Program.

Name (printed)	
Signature	
Date	

G. PARTICIPATION BACKGROUND INFORMATION

1. Please answer the following questions regarding requirements for training classes

a. Do you understand the training and volunteer requirements of the program?	Yes	No
b. Did you attend an information session?	Yes	No
c. Have you reviewed the syllabus?	Yes	No
d. Are you able to attend Tuesday evening sessions from 6:30 to 9:30 PM?	Yes	No
e. Most class field trips will be held on Saturdays. Are you able to attend at least five of the field trips?	Yes	No

2. Master Naturalists' volunteer projects can be grouped into three general categories: education/outreach, citizen science, and stewardship. Please answer the following questions regarding your interest in volunteer projects.

a. Are you interested in education/outreach opportunities? (e.g. school tours at Ivy Creek Natural Area, classroom presentations, etc.)	Yes	No
b. Are you interested in citizen science opportunities? (e.g. Stream monitoring, wildlife mapping, hawk watch, butterfly or bird counts)	Yes	No
c. Are you interested in stewardship opportunities? (e.g. trail building, stream cleanups, invasive plant removal, and habitat restoration)	Yes	No
d. When are you available to volunteer (seasons, of the year, days of the week, time of day)?		

3. Knowing about your previous volunteer experience (not necessarily nature-related) is important to our selection process. In the space below, tell us about your most recent and/or meaningful volunteer experiences. Feel free to use another sheet of paper if necessary.

H. Volunteer Agreement

I understand that I am a volunteer for the Virginia Master Naturalists Program and will receive no financial compensation or benefits for assistance rendered in any capacity.

I agree to abide by all policies and procedures of the Virginia Master Naturalist Program and its sponsoring agencies.

I understand that I am responsible for my personal injuries and illness while participating in this program, and that I will hold the program and all joint and sponsoring agencies harmless.

I understand that my chapter adviser may file a claim for my injuries with the Virginia Division of Risk Management.

If the claim is accepted, I understand that I or my insurance company may be fully or partially reimbursed.

I understand that a claim filed with the Virginia Division of Risk Management does not guarantee acceptance or reimbursement.

I understand that the Virginia Master Naturalist Program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

X

Volunteer Signature	Date
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X

Signature Chapter Advisor	Agency	Date
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Media Release

Virginia Cooperative Extension and the Virginia Master Naturalist Program periodically use photographs or video or audio footage or testimonials of program participants for local, regional, or state publicity or education purposes. By my signature on this Volunteer Information form, I acknowledge receipt of this document and give permission for Virginia Cooperative Extension and the Virginia Master Naturalists Program to use such reproductions for educational and publicity purposes

X

Volunteer Signature	Date
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All applications must be postmarked on or before January 12, 2015. You may submit the **completed** application including reference information and 3 signatures on pages 2 and 4 by

1. Emailing rivannamn.info@gmail.com. **In addition, print and sign pages 2 and 4** and mail to the address below
2. Or printing this form and returning it to :

Rivanna Master Naturalists
PO Box 8284
Charlottesville, VA 22906

Please note there is a \$150 fee for materials and activities. DO NOT send in any money until accepted into the program. Scholarships are available.

Contact us at rivannamn.info@gmail.com or call (434) 974-7233

Or email Marilyn Smith, RMN Chapter President at mareseatoats73@gmail.com

Visit our website at <http://www.vmn-rivanna.org/>