



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

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: (Select one or more)	White Black or African American American Indian or Alaska Native	Asian Native Hawaiian or other Pacific Islander
Age Range:	<input type="checkbox"/> <18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65 & older	

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 and mailed by January 11th with the application

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

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

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

E. Volunteer Disclosure

(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 with the Virginia Master Naturalist program.)

Have you ever had any criminal convictions? YES NO

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.

Signature, Volunteer

Date

F. Participation Background Information

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

Do you understand the training and volunteer requirements of the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you attend an information session?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you reviewed the syllabus?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to attend all of the classes as listed in the schedule?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to attend at least five of the field trips?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. 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.

Organization	Activity	Dates

3. Specifically, how would you like to contribute to the Virginia Master Naturalist Program? Are you interested in education/outreach (school tours, classroom presentations, etc.), Citizen Science (stream monitoring, butterfly/bird counts, etc.), stewardship (trail building, invasive plant removals, habitat restoration, etc.) and/or administration (curriculum development, governance, etc.)

When are you available to volunteer (Seasons, day of week, and time of day)?

4. In a short paragraph please describe why you are interested in being a Master Naturalist volunteer.

5. Is there anything else you would like for us to know about you?

H. Volunteer Agreement with the Commonwealth of Virginia

I am volunteering my time to further the missions of the Virginia Master Naturalist program and its sponsoring agencies. I understand that the Virginia Master Naturalist program is 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.

I agree to abide by all policies and procedures of the Virginia Master Naturalist Program and its sponsoring agencies. I understand that Virginia Master Naturalist volunteers serve at the sole discretion of the Virginia Master Naturalist program and its sponsoring agencies. The program or its sponsoring agencies may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization or to make changes in the nature of their volunteer assignment.

X

Volunteer Signature

Date

I. MEDIA RELEASE

The Virginia Master Naturalist Program and its sponsoring agencies periodically use 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 for the Virginia Master Naturalist program and its sponsoring agencies to use such reproductions for educational and publicity purposes to perpetuity without further consideration from me.

I understand that I will need to notify the Virginia Master Naturalist program if any changes to my situation occur that will impact this media release permission.

X

Volunteer Signature

Date

All applications and 3 completed reference forms must be signed and either e-mailed or mailed postmarked on or before January 11, 2016. **NOTE:** applications may be electronically signed (if you have the software) or signed then scanned and e-mailed to us.

Please submit the **completed & signed** application and all signed references via email to rivannamn.info@gmail.com.

Or you may mail to the address below

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

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

VMN PROGRAM INTERNAL USE ONLY

Date volunteer application received: _____ Date of interview: _____

Date of reference checks: _____

Application requires further action: YES NO Applicant met qualifications: YES NO

Date acceptance letter sent: _____ Date rejection letter sent: _____

Signature of VMN chapter advisor: _____ Date: _____

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.