Extension Master Gardeners of Arlington and Alexandria
Volunteer Agreement

If accepted into the Virginia Cooperative Extension Master Gardener (EMG) Volunteer Training Program of Arlington and Alexandria, I agree to:

1. Attend all required training sessions. In the event that I miss a required session and do not complete the required minimum of 50 hours of classroom session, I must make up the session(s).

2. Commit to complete all 60 hours of my EMG internship within one year after the completion of classroom hours. I will fulfill all of the required categories of my internship, such as demonstration garden hours, intern project hours, and EMG Help Desk hours.


4. In regards to chemical pest control recommendations, adhere to the printed recommendations provided by the Extension specialists at Virginia Tech and published as The Pest Management Guide for Home Grounds and Animals (PMG).

5. Refer all questions regarding commercial crop production or pest control of such crops to the Extension Agent.

6. Not use my EMG nametag, certificate or title in direct or implied endorsement of any product or service or for personal financial gain.

7. Acknowledge that I have received explanation of the Virginia Tech/VCE liability coverage for volunteer staff members. I understand that any medical problem arising from volunteer work for Virginia Tech/VCE is my responsibility through my personal health care coverage. If injured while volunteering on behalf of Virginia Tech/VCE, I will file any claim with my own personal insurance.

8. Complete the annual re-enrollment forms and return them to the EMG Program Coordinator by the requested date. I will also complete Risk Management training and Civil Rights training every 3 years to fulfill my program requirements.
9. Fulfill the annual commitment of 20 hours of volunteer time and 8 hours of approved continuing education to remain an active EMG after this initial volunteer agreement is fulfilled.

10. Not discriminate on the basis 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.

11. Acknowledge that I am volunteering for and thereby represent the local Extension Unit with the understanding that the local VCE Agent is ultimately responsible for all locally approved EMG projects and continued education credits.

Print name ____________________________________________________________

Signature ______________________________________________________________

City/County __________________________ Date _________________________________

Coordinator __________________________________________________________

Interviewer ____________________________________________________________