

## **Extension Master Gardener Volunteer Application**

VCE Unit Name:

Application Year:

No

Unit Address:

Applicant Last Name:

First Name:

## **A. Contact Information**

Address (Street, City, State, Zip)

Home Phone

Work Phone

Emergency Contact Name

Emergency Phone (Day)

Emergency Phone (Evening)

## **B. Voluntary 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 for this unit of the Virginia Cooperative Extension Master Gardener Volunteer Program.

Cell Phone

Email Address

Have you ever had any criminal convictions including moving traffic violations? Yes If "yes" to any question above, please describe:

I understand that criminal b	background scree	nings or reference	checks may	be conducted	l on me a	t any	
time during the application	process or during	volunteer service	of Virginia (	Cooperative E>	ktension (	VCE).	

## Signature

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, Administrator, 1890 Extension Program, Virginia State University, Petersburg.

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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			
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1.	Name	Phone	Relationship
	Address		Email
2.	Name	Phone	Relationship
	Address		Email

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G. Media Release Statement				
The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodi- cally 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 edu- cational and publicity purposes in perpetuity without further consideration from me.				
I understand that I will need to notify Virginian my situation occur that will impact this media	a Tech/College of Agriculture and Life Sciences if any changes to a 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 (option	nal; for record keeping purposes only)			
	2. Ethnicity			
Female	Hispanic			
Male	Not Hispanic			
 3. Race	 4. Ilive:			
African American	On a farm			
American Indian	Rural area or town under 10,000 population			
Asian	Town or city of 10,000 to 50,000 population			
Caucasian (white)	Suburb or city over 50,000 population			
Other	City over 50,000 population			
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			