



# Virginia Cooperative Extension

Virginia Tech • Virginia State University

Arlington County - City of Alexandria Master Gardener Program

## Volunteer Application/Enrollment

Long Form VA-114

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

### A. GENERAL INFORMATION (please print)

Name \_\_\_\_\_  
(LAST) (MIDDLE INITIAL) (FIRST)

Mailing Address \_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residence \_\_\_\_\_  
(Physical location if different than mailing address)

How long at this address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### B. CONTACT INFORMATION

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Evening (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Emergency Contact: Name \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

### C. VOLUNTEER POSITION

1. In which volunteer positions are you interested? \_\_\_\_\_

2. With which groups do you prefer to work? (check **ALL** that apply)

Age: ☐ Youth ☐ under age 5  
☐ Adults ☐ age 5-8  
☐ Either ☐ age 9-11  
Gender: ☐ Males ☐ age 12-13  
☐ Females ☐ age 14-18  
☐ Either ☐ over 18

3. Briefly describe your skills, abilities, and hobbies, as related to this volunteer position.

4. Briefly describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position

#### D. AVAILABILITY

For what length of time are you willing to volunteer?		●Over what time period? (mark all that apply)
<input type="checkbox"/> hours per week (please specify) _____		<input type="checkbox"/> 3 months
<input type="checkbox"/> hours per month (please specify) _____		<input type="checkbox"/> 6 months
<input type="checkbox"/> negotiable (please specify) _____		<input type="checkbox"/> 1 year
		<input type="checkbox"/> other (describe) _____
		<input type="checkbox"/> When could you begin? _____ (mo/day/yr)
When are you available to volunteer?		
<input type="checkbox"/> Day	<input type="checkbox"/> Weekends	Specific Times _____
<input type="checkbox"/> Evening	<input type="checkbox"/> I'm flexible	

#### E. EMPLOYMENT or VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization: \_\_\_\_\_ Supervisor Name and Phone #: \_\_\_\_\_

Paid \_\_\_ or Volunteer \_\_\_ Role/Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Supervisor Name and Phone #: \_\_\_\_\_

Paid \_\_\_ or Volunteer \_\_\_ Role/Duties: \_\_\_\_\_

#### F. REFERENCES

1.	_____ (Name)	_____ (Phone: Day & Night)	_____ (Relationship)	
	_____ (Street, Route, Box, Apt#)	_____ (City)	_____ (State)	_____ (Zip)
2.	_____ (Name)	_____ (Phone: Day & Night)	_____ (Relationship)	
	_____ (Street, Route, Box, Apt#)	_____ (City)	_____ (State)	_____ (Zip)
3.	_____ (Name)	_____ (Phone: Day & Night)	_____ (Relationship)	
	_____ (Street, Route, Box, Apt#)	_____ (City)	_____ (State)	_____ (Zip)

#### G. DRIVING INFORMATION (Complete only if applying for a position which requires driving)

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

## H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:

Yes No

a. alcohol or drug abuse? ☐ ☐

b. child abuse or neglect? ☐ ☐

c. spousal abuse? ☐ ☐

d. elder abuse or neglect? ☐ ☐

2. Have you ever been convicted of any violation(s) of law? ☐ ☐

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations

## I. DEMOGRAPHIC INFORMATION *(For record keeping purposes only)*

Gender: ☐ Female ☐ Male

•Race:

- ☐ White
- ☐ African American
- ☐ American Indian
- ☐ Hispanic
- ☐ Asian
- ☐ Multi-Racial

I Live (check one)

- ☐ 1. On a farm
- ☐ 2. Rural area or town under 10,000
- ☐ 3. Town or city of 10,000 to 50,000
- ☐ 4. Suburb or city over 50,000
- ☐ 5. City over 50,000

Highest level of education: \_\_\_\_\_

## J. ENROLLMENT/AGREEMENT\*\*

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity 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.

\_\_\_\_\_  
Signature, VCE Volunteer

\_\_\_\_\_  
Date (mo/day/yr)

**FOR VCE INTERNAL USE ONLY**

**A. ACTION TAKEN**

Date Volunteer Application received by VCE \_\_\_\_\_

This applicant: (pick one)

- ☐ was assigned to \_\_\_\_\_ position on \_\_\_\_\_.  
(Date)
- ☐ Met qualifications for position and was archived for future positions.
- ☐ Not offered position.

\_\_\_\_\_  
Signature, VCE Representative

\_\_\_\_\_  
Date (mo/day/year)

**B. RE-ENROLLMENT**

☐ Re-enroll with no changes Date \_\_\_\_\_

☐ Re-enroll with the following changes Date \_\_\_\_\_

\_\_\_\_\_  
Signature, VCE Volunteer

\_\_\_\_\_  
Signature, VCE Supervisor

**\*\*In addition to this form, Virginia Cooperative Extension policy requires that all volunteers have a current criminal background check on file.**



# Virginia Cooperative Extension



VIRGINIA POLYTECHNIC INSTITUTE  
AND STATE UNIVERSITY

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. 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. J. David Barrett, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Lorenza W. Lyons, Administrator, 1890 Extension Program, Virginia State, Petersburg.



VIRGINIA STATE UNIVERSITY