



Extension Master Gardener Volunteer Application

VCE Unit Name: Lynchburg/Hill City Master Gardener Association Application Year: 2017

Fee: \$135

Mail check with application

Mail to: HCMGA, PO Box 2275, Lynchburg, VA 24505

Applicant Last Name: _____ First Name: _____

A. Contact Information	
Address <small>(Street, City, State, Zip)</small>	
Home Phone	Cell Phone
Work Phone	Email Address
Emergency Contact Name	
Emergency Phone <small>(Day)</small>	Emergency Phone <small>(Evening)</small>

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.	
Have you ever had any criminal convictions including moving traffic violations?	Yes No
If "yes" to any question above, please describe:	

I understand that criminal background screenings or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension (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, Interim Administrator, 1890 Extension Program, Virginia State University, Petersburg

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

G. Media Release Statement

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically 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 educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media 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 (optional; for record keeping purposes only)

1. Gender

Female

Male

2. Ethnicity

Hispanic

Not Hispanic

3. Race

African American

American Indian

Asian

Caucasian (white)

Other

4. I live:

On a farm

Rural area or town under 10,000 population

Town or city of 10,000 to 50,000 population

Suburb or city over 50,000 population

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 _____