



Virginia Master Naturalist Program Volunteer Information and Enrollment Form

The Virginia Master Naturalist Program is sponsored jointly by Virginia Cooperative Extension, the Virginia Department of Conservation and Recreation, the Virginia Department of Environmental Quality, the Virginia Department of Forestry, the Virginia Department of Game and Inland Fisheries, the Virginia Institute of Marine Science's Center for Coastal Resources Management, and the Virginia Museum of Natural History.

The information requested on this application is used by the Commonwealth of Virginia Master Naturalist Program Office, as well as by the Banshee Reeks Chapter for administrative purposes only. All sections must be completed. Data regarding sex, race, age, etc. are used by the State in keeping demographics and making grant proposals and are not used in any way as criteria for acceptance into the program. Questions regarding the training program should be addressed to vmnbansheereeks@gmail.com.

Individuals with disabilities desiring accommodations in the application process should notify our Chapter Advisor Kevin Rose, Department of Game and Inland Fisheries, at (540) 899-4169, (TDD (800) 828-1120), before the application deadline. Students in this program are recognized as unpaid staff of the Commonwealth of Virginia. Enrollment is limited to 20 students. Classes are held in the Nature/Education Annex at Banshee Reeks Nature Preserve, 21085 The Woods Road Leesburg, VA 20175. Directions to Banshee Reeks Nature Preserve are found at: www.bansheereeksnp.org/directions.

A. GENERAL INFORMATION

Name:

(LAST)

(FIRST)

(MIDDLE INITIAL)

Mailing Address:

(STREET, BOX, ROUTE, APT #)

(CITY)

(STATE) (ZIP)

County or Independent City of Residence: _____

How did you find out about us?

A friend or colleague

A Virginia Master Naturalist

The Internet or email

A newspaper or periodical

Other

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred):

Home (____)_____

Mobile (____)_____

Business (____)_____

Personal E-mail: _____

Emergency Contact:

Name _____ Phone: (____) _____ Day (____) _____ Evening

C. DEMOGRAPHIC INFORMATION *(Optional, for record keeping purposes only)*

Gender: Female

Revised 4/23/2016

Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (select one or more):

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian

D. EDUCATION, INTERESTS AND EXPERIENCE

Highest educational level completed:

List area(s) of study:

Please rate your knowledge of the following topics:

Subject	Some	Could teach
Accounting	<input type="checkbox"/>	<input type="checkbox"/>
Aquatic Ecology	<input type="checkbox"/>	<input type="checkbox"/>
Artistic or Artist	<input type="checkbox"/>	<input type="checkbox"/>
Basic Ecology	<input type="checkbox"/>	<input type="checkbox"/>
Birding	<input type="checkbox"/>	<input type="checkbox"/>
Citizen Science Skills	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Dendrology	<input type="checkbox"/>	<input type="checkbox"/>
Forest Ecology & Management	<input type="checkbox"/>	<input type="checkbox"/>
Herpetology	<input type="checkbox"/>	<input type="checkbox"/>
Ichthyology	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology (software development, implementation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive Skills	<input type="checkbox"/>	<input type="checkbox"/>
Invertebrate Zoology/Entomology	<input type="checkbox"/>	<input type="checkbox"/>
Journalism	<input type="checkbox"/>	<input type="checkbox"/>
Mammalogy	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Ornithology	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Stream Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy, Classification, Using keys	<input type="checkbox"/>	<input type="checkbox"/>
Urban/suburban Ecology & Management	<input type="checkbox"/>	<input type="checkbox"/>
Virginia Biogeography	<input type="checkbox"/>	<input type="checkbox"/>
Watersheds and Water Quality	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Ecology and Management	<input type="checkbox"/>	<input type="checkbox"/>
Wildflowers	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions regarding your interests and experience in volunteer projects. Describe any volunteer work you have done in the areas of:

- a) Naturalist or other kinds of educational outreach (for example, talking to school groups, serving as a guide/answering questions)
- b) Environmental stewardship (for example, habitat restoration, stream clean-up)
- c) Citizen science (for example, bird banding, wildlife mapping)
- d) In which of the above types of projects are you most interested in participating? Why?

e) In what volunteer activities have you recently participated?

Were they job related?

E. MEMBERSHIP INVOLVEMENT

Please be aware that to become a Certified Virginia Master Naturalist, a trainee must complete and/or achieve the following:

- The State Advisory Committee approved curriculum with a *minimum* of 40 hours of combined field and classroom instruction (25% in the field).
- Pass the post-training assessment (Exam) with a minimum score of 70 percent.
- A *minimum* of 8 hours of chapter-approved continuing education.
- A *minimum* of 40 hours of chapter-approved volunteer service (of which 8 hours must be in committee work or chapter administrative support during your first year of service).

Volunteers have a maximum of 12 months from the last day of their basic training to complete the above requirements and receive their first Certification as a Master Naturalist. Thereafter re-certification will be on a calendar year schedule. Volunteers who do not complete the certification requirements within 12 months are still considered Virginia Master Naturalist Members. If you subsequently complete 40 hours of volunteer service and 8 hours of continuing education within one calendar year, you will be able to achieve certification.

Our Chapter cannot thrive without the commitment of our members to participate in one or more of the standing committees of you're choosing. Therefore we request that you select at least one committee that you intend to be active in. Please indicate with a 1, 2, and 3, your choice of three committees in order of preference. At midpoint in the training program you may change your selection. We will endeavor to grant committee assignment by your first choice. To aid in your selection of committees based on committee roles and responsibilities click on our chapter website at: www.vmbansheereeks.org/committees.html.

Historian	Continuing Education
Training	Communication/Newsletter
Membership	Outreach
Volunteer Service Projects	Host

F. REFERENCES

(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

G. 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 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

G. VOLUNTEER AGREEMENT

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.

Signature, Volunteer Date

J. 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.

Signature, Volunteer Date

Please print this form, sign it in the 3 indicated fields. Acceptable forms of signature include signing the hard copy and scanning or mailing it in; signing with Veri-sign, the electronic signature option in Adobe Acrobat; or adding an image of your signature._____

K. PAYMENT

A class registration fee of \$250.00 is required at the time of your application submission to be considered complete. Please make checks payable to VMN Banshee Reeks Chapter and return this application with class fee via mail postmarked no later than September 1 of the current year to: VMN Banshee Reeks Chapter, P.O. Box 1102, Leesburg, VA 20177.

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.
VMN Volunteer Enrollment Form, Revised November 2015.