



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 ymnbansheereeks@gmail.com or call Barbara at 703-669-0889.

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 22 students. Classes are held in the Nature/Education Annex at Banshee Reeks Nature Preserve (BRNP), 21085 The Woods Road Leesburg, VA 20175. Directions to Banshee Reeks Nature Preserve are found at: <http://bansheereeksnp.org/Explore-Preserve/Directions>.

The \$250.00 class registration fee is required at the time of your interview as described in Paragraph J below.

A. GENERAL INFORMATION

Name:

(LAST) (FIRST) (MIDDLE INITIAL)

Mailing Address:

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

County or Independent City of Residence: _____

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred):
 Home (____)_____
 Mobile (____)_____
 Business (____)_____

E-mail: _____

Emergency Contact:

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

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

Gender: Female
 Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race

Please select your Age Range:

- 65 years and older
- 18 to 64 years old
- Under 18 years old (if so, please list your age _____)

D. 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)

E. 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

F. 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

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; updated August 2017.

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

G. 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, and return it to: vmnbansheereeks@gmail.com
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.**

H. FINAL STEPS

1. Email your signed, completed application as an attachment to vmnapplication@gmail.com;
2. Upon receipt, your references will be checked and you will be contacted about attending an informational interview session at BRNP or having a telephone interview.
3. At the conclusion of the interview, provided you have decided the program is right for you and you are invited to attend the upcoming class, you will then be asked to submit payment of \$250 in a check payable to VMN Banshee Reeks.

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 _____