

# Virginia Master Naturalist Program Volunteer Enrollment Agreement



*Thank you for your interest in the Virginia Master Naturalist Program. To be considered for membership in our organization and its basic training class, please fill in all information areas of this form.*

**The Virginia Master Naturalist training class prepares you for certification in the Virginia Master Naturalist (VMN) Program. The VMN Program is a statewide corps of volunteers providing education, outreach, and service dedicated to the beneficial management of natural resources and natural areas within their communities.**

---

## A. GENERAL INFORMATION

**Name:**

LAST

FIRST

MIDDLE INITIAL

**Nickname:**

NICKNAME

**Mailing Address:**

STREET, BOX, ROUTE, APT #

CITY

STATE

ZIP

---

## B. CONTACT INFORMATION

**Phone** (please indicate which phone number is preferred):

Home ( )- -

Mobile ( )- -

Business ( )- -

**E-mail:**

**Emergency Contact:**

CONTACT NAME Phone: ( )- - Day ( )- - Evening

Relationship:

---

## C. DEMOGRAPHIC INFORMATION

Gender:  Female  
 Male

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**

Personal references (such as co-workers, co-volunteers, or friends) who may be contacted by our organization to discuss your application to the Virginia Master Naturalist Program. Three references are required.

<b>1. Name and relationship</b>	
Street Address	
City, State, Zip Code	
Phone Numbers – day / night	
E-Mail Address	

<b>2. Name and relationship</b>	
Street Address	
City, State, Zip Code	
Phone Numbers - day / night	
E-Mail Address	

<b>3. Name and relationship</b>	
Street Address	
City, State, Zip Code	
Phone Numbers - day / night	
E-Mail Address	

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

Ethnicity:  Hispanic or Latino       Not Hispanic or Latino

Race:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> More than one race                        |

**F. 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**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**H. 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. It is also 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.

Should I be accepted as a VMN volunteer, 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

**Please print this completed form, sign it in the three indicated fields, and return it to the person and address listed in the additional information given to you by the Chapter.**

***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. Typing in your name without one of the acceptable options will not constitute as an official signature.***

*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.*

Name \_\_\_\_\_

**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 \_\_\_\_\_

**Notes, Comments (to include, later if needed, transfer or relocation information):**