



**Extension Master Gardener Volunteer Application**

VCE Unit Name: N. Shenandoah Valley

Application Year: 2016

Unit Address: VCE-Frederick 107 N. Kent Street Winchester, VA 22601

Applicant Last Name:

First Name:

**A. Contact Information**

Address (Street, City, State, Zip)

Home Phone

Cell Phone

Work Phone

Email Address

Emergency Contact Name

Emergency Phone (Day)

Emergency Phone (Evening)

**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

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 <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
3. Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Other	4. I live: <input type="checkbox"/> On a farm <input type="checkbox"/> Rural area or town under 10,000 population <input type="checkbox"/> Town or city of 10,000 to 50,000 population <input type="checkbox"/> Suburb or city over 50,000 population <input type="checkbox"/> 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 \_\_\_\_\_

Please print name clearly: \_\_\_\_\_

### INTERESTS & SKILLS QUESTIONNAIRE

It takes many people with diverse skills to run the “NORTHERN SHENANDOAH VALLEY” Extension Master Gardener program. We are ALL volunteers. On this page, please indicate any of your particular interests and skills and briefly describe the context in which they have been developed.

How did you hear about the “NORTHERN SHENANDOAH VALLEY” Extension Master Gardener Program?

What are your previous gardening experiences?

Please list any specialized gardening skills / knowledge (xeriscaping, water gardening, vegetable gardening, etc.):

Other:

Skill / Interest		X	Proficiency and / or comments
Computer	Don't use one		
	Email only		
	Use extensively at work / home		
	Data entry		
	Desktop publishing		
	Web design / management		
	Microsoft Excel		
	Microsoft PowerPoint		
	Microsoft Publisher		
	SharePoint		
Arts and Publication	Videography		
	Digital Photography		
	Scrap Book Design		
	Graphic Design		
	Writing		
	Editing		
Business	Proofreading		
	Finance / Auditing		
	Marketing / Advertising		
	Program Management		
Miscellaneous (please list age groups and group sizes)	Catering / Event planning		
	Teaching		
	Leading groups (Scouting)		
	Leadership training		
Other (please list any additional skills and interests)	Public speaking		
	Language skills / fluency level		



## Volunteer Commitment

I volunteer to participate in the Master Gardener Class of 2016. I understand that by participating in the NSVMGA Master Gardener Course that I have agreed to volunteer a minimum of 50 hours to the Master Gardener Program during the Intern Year. The continuing volunteer commitment consists of 20 volunteer hours and 8 continuing education hours annually.

\_\_\_\_\_  
Signature, Volunteer Applicant

\_\_\_\_\_  
Date

## Media Permission:

I understand that by participating in the NSVMGA Master Gardener course, that part(s) of the course may be photographed, filmed and/or otherwise recorded. I grant permission for the NSVMGA to make such recordings. These media files and documents may be used by the Association for future advertising of the program, educational purposes, educational outreach, and/or other purposes as deemed appropriate by the NSVMGA Board of Directors.

\_\_\_\_\_  
Signature, Volunteer Applicant

\_\_\_\_\_  
Date

## APPLICATION MAILING INSTRUCTIONS

Return a completed application to: VCE-Frederick, Attn: Mark Sutphin, 107 N. Kent Street, Winchester, VA 22601 or by email at [mark.sutphin@vt.edu](mailto:mark.sutphin@vt.edu). You must mail your application so that Mark receives it **NO LATER THAN January 8, 2016**. Receipt of an application does not automatically mean you are enrolled in the course. **Selection will be based on a review process, an interview, and your ability to successfully pass a background check.**

**Interviews will be conducted between 1:00pm and 4:00pm on Thursday, January 14, 2016 at the course classroom location: 125 Prosperity Drive, Winchester, VA 22602.** Please ensure you are available for an interview on this date as we will be contacting you to schedule your specific interview time (if absolutely unavoidable, we will coordinate an alternate date). Your tuition fee of \$225.00 (made payable to "NSVMGA") will be due at the time of the interview. Should you be selected as a successful candidate for the course, you will be required to complete and pass a background screening by January 26, 2016. If you are not able to pass the screening, your tuition will be returned minus the \$9.95 screening fee.

**Please print this form, complete the information in its entirety (please print clearly) and return by Friday, January 8, 2016.**

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Mark Sutphin, Frederick County Extension, at (540) 665-5699/TDD (800) 828-1120 during business hours of 8:00 a.m. and 5:00 p.m. to discuss accommodations five days prior to the event.



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