

Virginia Master Naturalist Program Volunteer Information and Enrollment Form

A. GENERAL INFORMATION *(please print)*

Name: _____

Mailing Address: _____

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

Race:

White

African American

American Indian

Hispanic

Asian

Multi-Racial

Date of Birth:

D. EDUCATION, INTERESTS AND EXPERIENCE

Highest educational level completed: _____

List areas of study: _____

E. PLEASE RATE YOUR KNOWLEDGE OF THE FOLLOWING TOPICS:

Subject	Slight	Some	Could teach
Basic Ecology			
Virginia Biogeography			
Taxonomy, Classification, Using keys			
Dendrology, Forest Ecology & Management			
Watersheds and Water Quality			
Wetlands Ecology and Management			
Ichthyology, Aquatic Ecology			
Herpetology, Mammalogy, Ornithology			
Invertebrate Biology/Entomology			
Urban/suburban Ecology & Management			
Interpretive Skills, Citizen Science Skills			

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

In which of the above types of projects are you most interested in participating? Why?

In what volunteer activities have you recently participated? Were they job related?

When are you available to volunteer?

Seasons of the year: _____

Day(s) of the week: _____

Time of day: _____

Are you available for daytime volunteer work or field trips?	Yes	No
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Are you able to attend evening training?	Yes	No
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Are you available to attend some Saturday fieldtrips or volunteer projects?	Yes	No
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F. REFERENCES

NAME: _____

PHONE (DAY & NIGHT): _____ RELATIONSHIP: _____

ADDRESS: _____

NAME: _____

PHONE (DAY & NIGHT): _____ RELATIONSHIP: _____

ADDRESS: _____

G. DRIVING INFORMATION

Yes No

Do you have a current and valid driver's license?

If yes, issued in the state of VA _____

Do you have a current commercial driver's license (CDL)?

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered volunteer.)

Have you ever had any **criminal convictions** related to:

Yes No

a. alcohol or drug abuse?

b. child abuse or neglect?

c. spousal abuse?

d. elder abuse or neglect?

Have you ever been convicted of any violation(s) of law?

If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years?

If "yes" to any of the above, please describe.

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

I. VOLUNTEER AGREEMENT

I understand that I am a volunteer for the Virginia Master Naturalist Program and will receive no financial compensation or benefits for assistance rendered in any capacity.

I agree to abide by all policies and procedures of the Virginia Master Naturalist Program and its sponsoring agencies.

I understand that I am responsible for my personal injuries and illness while participating in this program, and that I will hold the program and all joint and sponsoring agencies harmless. I understand that my chapter adviser may file a claim for my injuries with the Virginia Division of Risk Management. If accepted, I understand that I or my insurance company may be fully or partially reimbursed. I understand that a claim filed with the Virginia Division of Risk Management does not guarantee acceptance or reimbursement.

I understand that the Virginia Master Naturalist Program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

_____ Signature, Volunteer	_____ Date	
_____ Signature, Chapter Advisor	_____ Agency	_____ Date

J. MEDIA RELEASE

Virginia Cooperative Extension and the Virginia Master Naturalist Program periodically use photographs or video or audio footage or testimonials of program participants for local, regional, or state publicity or educational purposes. By my signature on this Volunteer Information form, I acknowledge receipt of this document and give permission for Virginia Cooperative Extension and the Virginia Master Naturalist Program to use such reproductions for educational and publicity purposes.

_____ Signature, Volunteer	_____ Date
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Please mail this form and the program fee (\$200) to:

**Prince William Conservation Alliance
Merrimac Farm Master Naturalists
PO Box 6351
Woodbridge, VA 22195**

The Virginia Master Naturalist Program is sponsored jointly by Virginia Cooperative Extension, the Virginia Department of Conservation and Recreation, the Virginia Department of Forestry, the Virginia Department of Game and Inland Fisheries, and the Virginia Museum of Natural History.