

## Virginia Master Naturalist Program Volunteer Information and Enrollment Form

---

### A. GENERAL INFORMATION *(please print)*

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virginia Biogeography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy, Classification, Using keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dendrology, Forest Ecology & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watersheds and Water Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Ecology and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ichthyology, Aquatic Ecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herpetology, Mammalogy, Ornithology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invertebrate Biology/Entomology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urban/suburban Ecology & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive Skills, Citizen Science Skills	<input type="checkbox"/>	<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, stream monitoring, wildlife counts)

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

Would you be willing to participate in helping organizing new Merrimac Farm Chapter Master Naturalist programs?

Are you available for daytime volunteer work or field trips?      Yes       No

Are you able to attend evening training?      Yes       No

Are you available to attend some Saturday fieldtrips or volunteer projects?      Yes       No

**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. DRIVING INFORMATION**

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
b. child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
c. spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>
d. elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of any violation(s) of law?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

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?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

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
----------------------	------

**Please email this form to [naturalist@pwconserve.org](mailto:naturalist@pwconserve.org)**

**To complete registration, please mail your program fee to:**

**Merrimac Farm Master Naturalists  
PO Box 417  
Manassas, VA 20108-0417**

***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.***