



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

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (select one or more):

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian

Date of Birth: _____

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. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, issued in the state of _____		
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"/>

F. 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

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 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

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 Application Form, I acknowledge receipt of this document and give permission for Virginia Cooperative Extension and Virginia Master Naturalist Program to use such reproductions for educational and publicity purposes.

Signature, Volunteer

Date

We are required by our sponsoring agencies to request the information above, but the following questions are more relevant to determining admission to the program. Additional information related to any of the following questions may be added to the back of the page or attached separately. Applying to take the Basic Training Course and to become a Master Naturalist requires a commitment, both to completing the training, and most importantly, to volunteer service. We are an all-volunteer run organization and expect that anyone applying to take the training will have the same level of commitment to volunteer service that we have dedicated to developing the program.

Volunteer Activities

(Include any current or past volunteer experience. Include any offices held or other leadership positions. This is a volunteer-driven organization, so any leadership, administrative, and other experience related to running an organization is just as useful as naturalist experience.)

Your Goals

Why do you want to be a Virginia Master Naturalist volunteer and how would you, as a Master Naturalist contribute to your community, for example, through educational workshops, invasive plant projects, school programs, citizen science projects, or other projects you could suggest?

Natural History Experience and Skills

(Include any areas of natural history in which you have experience, in-depth knowledge, special skills, or anything else that you think pertinent to this application. Include any courses, workshops or other training sessions you have taught; research, such as bird counts, you've participated in; or habitat restoration projects, etc.)

Education and training

(Include degrees earned and any naturalist-related degrees, courses or training)

Work experience

(Include experience in leadership, customer service, education, or other relevant areas)

Other skills/talents/hobbies

(Include foreign languages spoken, computer skills, etc.)

Your availability

How do you anticipate making time for the volunteer obligations required of this program? (Include which days/evenings/weekends and hours per week or per month you are available and/or interested in volunteering.)

Include any other pertinent information to your application below or on back:

Completed applications, along with a check for \$175 made out to: Arlington Regional Master Naturalists, should be sent to:

**ARMN
c/o Long Branch Nature Center
625 S. Carlin Springs Rd.
Arlington, VA 22204**

Checks will be returned for individuals placed on the wait list.

