



## Extension Master Gardener Volunteer Application

VCE Unit Name: \_\_\_\_\_ Application Year: \_\_\_\_\_

Unit Address: \_\_\_\_\_

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

<b>C. Availability</b>	<b>Please mark an "X" to indicate the days and times below that you are available for volunteer work.</b>			
	Weekdays		Weekends	
	A.M.	P.M.	A.M.	P.M.
January - March				
April - May				
June - August				
September - October				
November - December				

<b>D. Other Volunteer Experience</b>
1.
2.
3.
4.
5.

<b>E. Memberships in Horticultural or Conservation Organizations</b>
1.
2.
3.
4.
5.

<b>F. References</b>			
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                            | 2. Ethnicity                                     |
| ____ Female                          | ____ Hispanic                                    |
| ____ Male                            | ____ Not Hispanic                                |
| 3. Race                              | 4. I live:                                       |
| ____ African American                | ____ On a farm                                   |
| ____ American Indian                 | ____ Rural area or town under 10,000 population  |
| ____ Asian                           | ____ Town or city of 10,000 to 50,000 population |
| ____ Caucasian (white)               | ____ Suburb or city over 50,000 population       |
| ____ Other                           | ____ 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 <input type="checkbox"/> No <input type="checkbox"/>
Applicant met qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date acceptance letter sent	_____
Date rejection letter sent	_____
Signature, VCE Representative	_____ Date _____

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERESTS & SKILLS QUESTIONNAIRE

On this page, please indicate any of your particular interests and skills. Your responses will help us match you with Extension Master Gardener (EMG) projects.

How did you hear about the local Extension Master Gardener Program? (Optional)

Why do you want to become a VCE-MG volunteer? (Optional)

Help us to help you succeed in the VCE Master Gardener Program by ranking all the topics below according to your level of interest (10 = very interested, 5 = somewhat interested, 0 = no interest):

Animals/Gardening for habitat	Annuals	Arts & crafts
Bees/butterflies/insects	Birds	Botany
Bulbs/corms/rhizomes	Composting/organics	Design
Disease/pest management	Edibles/vegetables	Flower arranging
Greenhouse	Herbs	Working with at-risk youth
Houseplants/tropical plants	Maintenance landscape	Native plants
Perennials	Photography	Propagation
Pruning	Publicity	Roses
Sales/raffles/fundraising	Shade plants	Shrubs & trees
Soils	Travel/tours	Turf care/establishment
Water/bog gardens	Water quality	Website/computer work
Woodworking/displays	Writing	Xeriscaping
Other plant specialties (write in below – bonsai, African violets, orchids, daylilies, iris, camellias, maples, etc.)		

Please list any memberships you hold in garden or horticulture groups: (ex: American Orchid Society, \_\_\_\_\_ garden club, etc.)

What description best suits you? (Check one)

- ☐ Beginning gardener  
☐ Experienced gardener  
☐ Professional horticulturist or government employee  
☐ Specialty gardener (i.e., orchids, roses, vegetables), please list: \_\_\_\_\_

Please list any specialized gardening skills/knowledge or areas in which you have interest (ex: xeriscaping, water gardening, organic vegetable gardening, etc.):

**OTHER SKILLS/INTERESTS:** (place a check next to all that apply)

Computer Proficiency		Business	
<input type="checkbox"/>	I don't use a computer	<input type="checkbox"/>	Finance/auditing
<input type="checkbox"/>	I use a computer for email only	<input type="checkbox"/>	Marketing/advertising
<input type="checkbox"/>	Some familiarity with computers	<input type="checkbox"/>	Program management
<input type="checkbox"/>	Extensive use of computers	<input type="checkbox"/>	Catering
Computer Skills		<input type="checkbox"/>	Event Planning
<input type="checkbox"/>	Data entry	Training and Leadership	
<input type="checkbox"/>	Desktop publishing	<input type="checkbox"/>	Teaching
<input type="checkbox"/>	Web design/management	<input type="checkbox"/>	Leading groups (scouts, etc.)
<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Leadership training
<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Public speaking
<input type="checkbox"/>	Microsoft Access	Language	
<input type="checkbox"/>	Microsoft PowerPoint	<input type="checkbox"/>	Other language spoken:
<input type="checkbox"/>	Microsoft Publisher	Comfort in conducting programming in this language:	
<input type="checkbox"/>	Other:		
Arts and Publication			
<input type="checkbox"/>	Videography		
<input type="checkbox"/>	Digital photography		
<input type="checkbox"/>	Scrapbook design		
<input type="checkbox"/>	Graphic design		
<input type="checkbox"/>	Writing		
<input type="checkbox"/>	Editing		
<input type="checkbox"/>	Proofreading		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

September, 2020

**Re: Reference Letter for 2021 Henrico Master Gardener Applicant**

Applicant Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Thank you for agreeing to provide a reference for this applicant to participate in the 2021 Henrico Master Gardener Volunteer program. Master Gardeners help to educate the public as unpaid representatives of Virginia Cooperative Extension. As such, they interact with persons of all ages and in a variety of settings. In most cases, they complete this work as part of a team. Please keep this role in mind as you complete this form to the best of your ability.

1. How long have you known the applicant and in what capacity? (e.g., teacher, friend, etc.)
2. What aspects of the applicant's background, interests or personality would make him/her suitable as a Henrico Master Gardener Volunteer?
3. If you have worked with or observed the applicant functioning as part of a team, please comment on his/her qualities as a team member. (Cite specific situations when possible.)

4. How would you describe the applicant's character, temperament, and attitude?
5. Describe any reservations you would have in accepting the applicant as a volunteer if you were a director with this organization.
6. If you have worked with or observed the applicant working with youth, how would you describe their interaction and ability to work with youth?
7. Please share any additional information about this candidate that would be helpful in the volunteer selection process.

Once you have completed the reference questions, please mail to the Henrico Extension Office using the provided stamped envelope by the applicant.

Thank you,



Ed Olsen  
Associate Extension Agent  
Agriculture & Natural Resources  
Horticulture  
Virginia Cooperative Extension  
Henrico County Office



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