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?	☐	☐
If yes, issued in the state of ____		
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?	☐	☐

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?	☐	☐
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

G. 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

H. 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 print this form, sign it in the 3 indicated fields, and return it to:

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.