



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. 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? Yes No

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? Yes No

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

