

**Central Blue Ridge Chapter  
Virginia Master Naturalist Program  
Volunteer Information and Enrollment Form**

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

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Mailing Address: \_\_\_\_\_  
(Street, Box, Route, Apartment Number; City, State, Zip Code)

County/Independent City of Residence: \_\_\_\_\_

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**B. CONTACT INFORMATION**

Phone: (Please indicate preferred number): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship  
\_\_\_\_\_

Phone: Day ( ) Evening ( )

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**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: \_\_\_\_\_

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**D. REFERENCES**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Route, Box, Apt#, City, State, Zip Code)

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Route, Box, Apt#, City, State, Zip Code)

### E. DRIVING INFORMATION

Do you have a current and valid driver's license? Yes No  
If yes, issued in the state of \_\_\_\_\_

Do you have a current commercial driver's license (CDL)? Yes No

Do you have the minimum vehicle insurance coverage required by the Commonwealth of Virginia? Yes No

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### 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 the law?  Yes  No

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

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### G. VOLUNTEER PREFERENCES/EXPERIENCE

Describe any previous volunteer experience you've had (need not be related to ecology/natural resources):

List any training/experience (not described above) related to environmental/natural science:

When are you available to do your forty (40) hours of volunteer community service? (List days of week/times)

Which naturalist volunteer projects are you interested in (e.g. development/presentation of interpretive/educational programs, restoration of natural habitats, nature trail development/maintenance, wildlife counts, facility improvements at Nature Camp, natural landscaping of public access areas .....)

How did you learn about the Virginia Master Naturalist Program?

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#### **H. 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.

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Signature, Volunteer

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Date

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Signature, Chapter Advisor

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Agency

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Date

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#### **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.

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Signature, Volunteer

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Date

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**Virginia Master Naturalist programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.**

**If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Michael Lachance at (434) 263-4035 between 8am and 5pm to discuss accommodations at least five days prior to the event. \*TDD number is (800) 828-1120.**

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**Please print this form, sign it in the 3 indicated fields, and return by August 20, 2007 to:**

**Michael Lachance  
Virginia Cooperative Extension -- Nelson County  
PO Box 298  
Lovington, Virginia 22949**

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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.