

**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, APT # CITY STATE ZIP

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

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**B. CONTACT INFORMATION**

Phone (please indicate which phone number is preferred)

- Home ( ) \_\_\_\_\_
- Mobile ( ) \_\_\_\_\_
- Business ( ) \_\_\_\_\_

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

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

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: \_\_\_\_\_

PHONE (DAY & NIGHT): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET, ROUTE, BOX, APT# CITY STATE ZIP: \_\_\_\_\_

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2. NAME: \_\_\_\_\_  
PHONE (DAY & NIGHT): \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
STREET, ROUTE, BOX, APT# CITY STATE ZIP: \_\_\_\_\_  
\_\_\_\_\_

3. NAME: \_\_\_\_\_  
PHONE (DAY & NIGHT): \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
STREET, ROUTE, BOX, APT# CITY STATE ZIP: \_\_\_\_\_  
\_\_\_\_\_

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**E. DRIVING INFORMATION**

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? \_\_\_\_\_

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**F. PERSONAL 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:

- 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

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**G. PARTICIPATION BACKGROUND INFORMATION**

**Please answer the following questions regarding your interest in volunteer projects. If Yes, please explain.**

1. Have you volunteered for non-profit organizations before? If so, please tell us where and in what capacity you volunteered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Are you interested in education/outreach opportunities? (eg. School fieldtrips at Claytor Nature Study Center, classroom presentations, staffing a booth at a Farmer's Market, etc) \_\_\_\_\_  
\_\_\_\_\_
  
3. Are you interested in Citizen Science opportunities? (eg. Stream monitoring, wildlife mapping, hawk watch)  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Are you interested in stewardship opportunities? (eg. Trail building, stream cleanups, native plant rescues, invasive plant removal, habitat restoration) \_\_\_\_\_  
\_\_\_\_\_
  
5. When are you available to volunteer? (Seasons of the year, days of the week, time of day)  
\_\_\_\_\_
  
6. Please use the space below (and back of page if necessary) to tell us why you want to become a Master Naturalist.

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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.

Signature, Volunteer	Date
Signature, Chapter Advisor	Agency
	Date

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**I. 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
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**Please return the completed form and \$100 class fee to:**

**Central Virginia Master Naturalist  
c/o Carla Bruce  
PO Box 6  
Lynchburg, VA 24505**

**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.**

**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 and are 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, Carla Bruce at 434-525-8526, or at kibitzers@verizon.net between 5pm and 9pm to discuss accommodations at least five days prior to the event. \*TDD number is (800) 828-1120. Payment arrangements or partial scholarships may be available upon request.**