Virginia Master Naturalist Program

Volunteer Information and Enrollment Form

Winter/Spring 2010

ROCKBRIDGE CHAPTER

A. GENERAL INFORMATION *(please print)*

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET ADDRESS, P.O. BOX, ROUTE, APT #

_____
CITY STATE ZIP

County or Independent City of Residence: _____

B. CONTACT INFORMATION

Phone *(please indicate with an* ∗ *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)*

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 *(Please provide 2-3 references)*

NAME: _____

PHONE: _____

RELATIONSHIP: _____

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

_____

_____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

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

_____

_____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

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

_____

_____

E. DRIVING INFORMATION

Do you have a current and valid driver's license? If yes, issued in the state of _____	Yes	No
Do you have a current commercial driver's license (CDL)?	Yes	No
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	Yes	No

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?	Yes	No
b. child abuse or neglect?	Yes	No
c. spousal abuse?	Yes	No
d. elder abuse or neglect?	Yes	No
Have you ever been convicted of any violation(s) of law?	Yes	No
Have you been convicted of any moving traffic violations within the last 5 years?	Yes	No

If you answered "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. PARTICIPATION BACKGROUND INFORMATION

Please rate your familiarity with the following curriculum topics:

Subject	Novice	Familiar	Comfortable	Could teach others
Basic ecology/ecosystems				
Virginia geology				
Natural resource management				
Plants/wildflowers (botany)				
Trees/forest ecology				
Mammals				
Fish (ichthyology)				
Insects/other invertebrates (entomology)				
Birds (ornithology)				
Reptiles and amphibians (herpetology)				

Please answer the following questions regarding attendance requirements for training classes:

1. Are you able to attend Wednesday evening training sessions? Yes No
2. Have you reviewed the syllabus? Yes No
3. Are you able to attend the monthly Saturday field studies? Yes No

Note: *Trainees must complete a minimum of 40 hours combined training and field experience to become certified Master Naturalists. If a trainee must miss one or two sessions, the chapter will help that individual make up sessions within 12 months of completion of training in order to meet the certification requirements.*

Please answer the following questions regarding your interest in volunteer projects:

1. Are you interested in education/outreach opportunities? Yes No
2. Are you interested in Citizen Science opportunities? Yes No
   (e.g., stream monitoring, wildlife mapping, bird counts)
3. Are you interested in stewardship opportunities? Yes No
   (e.g., trail building, stream clean-ups, native plant rescues, invasive plant removal, habitat restoration)
4. When are you available to volunteer? (seasons of the year, days of the week, time of day)

_____

5. Why are you interested in becoming a Master Naturalist?

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

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

COURSE FEE

There is a fee of $125 for course materials and activities. Financial assistance may be available if needed and requested.

Please sign this form in the <u>3 indicated fields,</u> and then send it with a check* to:

Virginia Department of Forestry
Attn: Rockbridge Master Naturalists
P.O. Box 690
Lexington, Virginia 24450

* *Please make out your check for $125 to Rockbridge Master Naturalists*

If you have any questions, please contact Karen Stanley at (540) 463-5253 or send email to karen.stanley@dof.virginia.gov.

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.