

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? Yes No
If yes, issued in the state of _____

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?
(e.g., stream monitoring, wildlife mapping, bird counts) Yes No
3. Are you interested in stewardship opportunities?
(e.g., trail building, stream clean-ups, native plant rescues,
invasive plant removal, habitat restoration) Yes No
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 3 indicated fields, 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.