



## Volunteer Information and Enrollment Form

### Virginia Master Naturalist Program Eastern Shore Chapter - 2017 -

*The Virginia Master Naturalist Program is sponsored jointly by: Virginia Cooperative Extension, the Virginia Department of Conservation and Recreation, the Virginia Department of Environmental Quality, the Virginia Department of Forestry, the Virginia Department of Game and Inland Fisheries, the Virginia Institute of Marine Science's Center for Coastal Resources Management, and the Virginia Museum of Natural History.*

#### A. GENERAL INFORMATION

Name:

(LAST) (FIRST) (MIDDLE INITIAL)

Mailing Address:

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

County Residence: Accomack \_\_\_\_\_ Northampton \_\_\_\_\_ Other \_\_\_\_\_

#### 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

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



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**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)

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**E. VOLUNTARY DISCLOSURE**

(This information will be kept in a confidential manner and accessible only to authorized personnel. A “yes” answer does **not** automatically exclude you from volunteering with the Virginia Master Naturalist program.)

Have you ever had any criminal convictions? YES  NO

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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**F. VOLUNTEER AGREEMENT**

- I understand that I am volunteering my time to further the mission of the Virginia Master Naturalist Program and its sponsoring agencies.
- I understand that the Virginia Master Naturalist program is open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by the law. An equal opportunity/affirmative action employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.



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- I agree to abide by all policies and procedures of the Virginia Master Naturalist Program and its sponsoring agencies
- I understand that Virginia Master Naturalist volunteers serve at the sole discretion of the Virginia Master Naturalist program and its sponsoring agencies and the program or its sponsoring agencies may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization or to make changes in the nature of their volunteer assignment.

\_\_\_\_\_  
Signature, Volunteer

\_\_\_\_\_  
Date

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**G. MEDIA RELEASE**

The Virginia Master Naturalist Program and its sponsoring agencies periodically use electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission for the Virginia Master Naturalist program and its sponsoring agencies to use such reproductions for educational and publicity purposes to perpetuity without further consideration from me.

I understand that I will need to notify the Virginia Master Naturalist program if any changes to my situation occur that will impact this media release permission.

\_\_\_\_\_  
Signature, Volunteer

\_\_\_\_\_  
Date

**Acceptable forms of signature include signing the hard copy and scanning or mailing it in, signing with Veri-sign, the electronic signature option in Adobe Acrobat, or adding an image of your signature.**

**Please print this form, sign it in the 3 indicated fields, and**

**Return it with your registration fee check for \$100 - Payable to VA Master Naturalists ES Chapter**

**Send to:**

**Mimi Stitt, Treasurer  
ES Master Naturalist Program  
P.O. Box 904  
Eastville, VA 23347**

[mimistitt@gmail.com](mailto:mimistitt@gmail.com)

**(757) 678-7879**

**VMN PROGRAM INTERNAL USE ONLY**

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Interim Administrator, 1890 Extension Program, Virginia State University, Petersburg.  
VMN Volunteer Enrollment Form, Revised November 2015.



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Date volunteer application received: \_\_\_\_\_

Date of contact (phone interview): \_\_\_\_\_

Date of reference checks: \_\_\_\_\_

Application requires further action: YES  NO

Applicant met qualifications? YES  NO

Date acceptance letter/email sent: \_\_\_\_\_

Date rejection letter sent: \_\_\_\_\_

Signature of VMN chapter advisor: \_\_\_\_\_ Date \_\_\_\_\_