



**Historic Rivers Chapter
Virginia Master Naturalist Program
Volunteer Information and Basic Training Application/ Enrollment Form
Cohort XII: Fall 2017-Winter 2018**

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 (*please type or print*)

Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____
(Street, Box, Route, Apt #) (City) (State) (Zip)

County or Independent City of Residence: _____

B. CONTACT INFORMATION (*please type or print*)

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

Date of birth: _____ Highest level of education: _____

How did you learn about the Historic Rivers Chapter Virginia Master Naturalist training? _____

Other community organizations and volunteer experiences in which you have been/ are involved:

D. THREE REFERENCES (Please, print) Please make three copies of the **Reference Questionnaire** (separate document) and give the questionnaire to each reference you have listed below. If preferred, the questionnaire can be downloaded and emailed to each reference. Completed questionnaires should be mailed to HRC VMN, PO Box 5026, Williamsburg, VA 23188, or emailed to wharper15@cox.net no later than 10 days from the date of your postmarked application. If mailed, we suggest you give each reference an addressed, stamped envelope to expedite the process.

(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)

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

F. VOLUNTEER AGREEMENT

I am volunteering my time to further the missions 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 the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

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. 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.

I shall not pass teaching materials, exams, or other Historic Rivers Basic Training Curriculum materials to third parties, including future members of the Virginia Master Naturalist Program or any chapter in Virginia, without permission of the Board of the Historic Rivers Chapter. I understand that Basic Training activities are intended for enrolled Basic Training members only. I have read and understand the requirements for becoming a Certified Virginia Master Naturalist in the Historic Rivers Chapter as stated in the informational letter.

Signature, Volunteer

Date

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

Please print this form, sign it in the 3 indicated fields, and return it by U.S. Mail to:

Historic Rivers Chapter, Virginia Master Naturalists
PO Box 5026
Williamsburg, VA 23188

Along with your application, you must include the \$175 tuition fee in the form of a check made payable to the Historic Rivers Chapter, Virginia Master Naturalists. We cannot accept credit cards at this time.

We recommend that you maintain a copy of your completed application. Once your application is reviewed and references checked, you will receive confirmation of your enrollment by email.

VMN PROGRAM INTERNAL USE ONLY

Date volunteer application received: _____

Date of interview: _____

Date of reference checks: _____

Application requires further action: YES NO
Applicant met qualifications? YES NO

Date acceptance letter sent: _____

Date rejection letter sent: _____

Signature of VMN chapter advisor: _____ Date _____