



## Roanoke Extension Master Gardener – 2017 Volunteer Application

Please complete and return this application to

**Virginia Cooperative Extension, Roanoke** – 3738 Brambleton Ave. SW; Roanoke, VA 24018

*There are a limited number of spaces available for the 2017 Training. Applications will be processed in the order they are received and additional applicants will be placed on a waiting list.*

Contact **Kathleen Reed**, ANR Extension Agent, at [reedka@vt.edu](mailto:reedka@vt.edu) or (540) 772-7524 with any questions.

A. Contact Information	
Name	
Address (Street, City, State, ZIP)	
Home Phone	Work Phone
Cell Phone	Email
Emergency Contact Name	
Emergency Contact Phone	

B. References
<p><b>Two references</b> are required in order to complete your Master Gardener application. References can be completed online at <a href="http://bit.ly/2r9Yahv">http://bit.ly/2r9Yahv</a> or by filling out the attached Volunteer Reference Check form. Attach written references to your application and be sure that online references have been submitted before turning in your Volunteer Application.</p> <p><b>Applications without references are incomplete and will not be processed.</b></p>

C. Volunteer Experience and/or Membership in Horticulture, Wildlife, or Conservation Organizations (if applicable)
1.
2.
3.
4.
5.

### D. 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 for this unit of Virginia Cooperative Extension’s Master Gardener Volunteer Program.

Have you ever had any criminal convictions or other violation(s) of the law, including moving traffic violations? Yes  No

If “yes” to the above, please describe:

I understand that criminal background screenings or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### E. Enrollment Agreement

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### F. Program Fee

**The program fee of \$150.00** is due at time of interview and can be paid by cash or check. This program fee covers the cost of a background check, the Master Gardener Training Handbook, supplies, and a year membership to the Roanoke Master Gardener Association. Fee is non-refundable once accepted to the program.

**Check:** Make checks payable to **Virginia Cooperative Extension, Roanoke**. There is a \$50.00 service charge for returned checks, and up to a 30-day wait for refundable portion of the fee.

**G. Training Manual Preference**

The Virginia Master Gardener Training Handbook is available as either an interactive PDF Handbook or a printed hard copy of the Handbook.

If accepted into the Master Gardener Program, which Training Handbook would you prefer?

\_\_\_\_\_ Digital Handbook

\_\_\_\_\_ Printed Handbook

**H. Volunteering with Roanoke Master Gardeners** (please use additional paper if needed)

1. How did you hear about this VCE Master Gardener class?

2. Why do you want to become a Master Gardener volunteer?

3. Which best describes you? Please circle.

Beginner gardener

Experienced gardener

Specialty gardener (i.e. orchids, roses, vegetables), please list: \_\_\_\_\_

4. Please circle any skills that you would be willing to bring to your Master Gardener volunteer experience:

Computers

Photography

Auditing

Recordkeeping

Scrapbooking

Videography

Event Planning

Marketing

Graphic design

Writing

Carpentry

Group Leadership

Web design and editing

Proofreading/Editing

Electrical

Teaching

Facebook/social media

Finance

Foreign Language (language & proficiency):

Other skills:

5. Dinner will be included during Wednesday evening classes. Do you have any food allergies or dietary restrictions? Yes  No

If yes, please list:

I. Demographic Information (optional; for recordkeeping purposes only)	
1. Gender ___ Male ___ Female	2. Ethnicity ___ Hispanic ___ Not Hispanic
3. Race ___ African American ___ American Indian ___ Asian ___ Caucasian (white) ___ Other	4. I live ___ On a farm ___ Rural area or town under 10,000 population ___ Town or city of 10,000-50,000 population ___ City or suburb over 50,000 population

VCE Internal Use Only	
Date volunteer application received: _____	
Date payment received: _____ Check #: _____ Receipt #: _____	
Date of interview: _____	
Date of background check: _____	
Application requires further action: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Applicant met qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date acceptance/rejection letter sent: _____	
VCE Representative Signature: _____ Date: _____	

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, Administrator, 1890 Extension Program, Virginia State University, Petersburg.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Kathleen Reed at (540) 772-7524/TDD\* during business hours of 8 am and 5 pm to discuss accommodations. \*TDD number is (800) 828-1120.