



Fluvanna Master Gardeners
VCE Office Fluvanna Unit
P.O. Box 518
5725 James Madison Highway
Fork Union, VA 23055
434-591-1950

Dear Prospective Master Gardener:

Thank you for your interest in the Fluvanna Master Gardeners. We are a volunteer educational organization working to encourage and promote environmentally sound horticultural practices through sustainable landscape management within our community. Here is some information about our program and upcoming Training Class we would like you to know.

- The Training Class consists of 50 hours of classroom instruction and field experience.
- Classes will be held on Tuesday afternoons from 2:30-5:30 pm at the Fluvanna County Library. Classes begin January 16, 2018 and run through the end of April.
- Attendance at all classes is important. If you miss a class we hope you will be able to make it up in another county or substitute another program with similar content.
- There are written quizzes and other homework assignments for several (but not all) of the classes. Homework is due one week after the class for which it was assigned.
- We use science-based resources from Virginia Cooperative Extension (VCE), other Extension units, and non-profit organizations that conduct research on horticulture and related subjects.
- Once you successfully complete the Training Class, you begin an Internship in which you will work with local members to complete 50 hours of volunteer work. Upon completion of the Internship you achieve Master Gardener status.
- The Master Gardener title may not be used for commercial publicity or private business.
- We check references and require a background check for all applicants because we are volunteering through VCE. If you have any questions or concerns about this, please ask.
- The cost of the class is \$150. For a couple sharing a Handbook the cost is \$75 for the second person. If you need financial assistance, please inquire.

We know this sounds like a lot of commitment, but we assure you we provide a lot of support along the way, and in our experience, the rewards are worth it! We hope you will come join us.

Joanna Knoll
Training Class Coordinator
Fluvanna Master Gardeners
www.fluvannamg.org



2018 Fluvanna Extension Master Gardener Volunteer Application

Complete this form and mail it with a check made out to Fluvanna Master Gardeners. Cost is \$150 per person. For a couple sharing a Handbook the cost is \$75 for the second person. Application deadline is December 15, 2017. Mail to:

Fluvanna Master Gardeners, VCE Office Fluvanna Unit
P.O. Box 518, 5725 James Madison Highway
Fork Union, VA 23055

Class size is limited. For more information go to www.fluvannamg.org or call 434-591-1950.

Applicant Last Name: _____

First Name: _____

A. Contact Information

Address (Street, City, State, Zip)

Home Phone

Cell Phone

Work Phone

Email Address

Emergency Contact Name

Emergency Phone (Day)

Emergency Phone (Evening)

B. 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 the Virginia Cooperative Extension Master Gardener Volunteer Program.

Have you ever had any criminal convictions including moving traffic violations? Yes No

If "yes" to any question 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 (VCE).

Signature _____

Date _____

C. Availability	Please mark an "X" to indicate the days and times below that you are available for volunteer work.			
	Weekdays		Weekends	
	A.M.	P.M.	A.M.	P.M.
January - March				
April - May				
June - August				
September - October				
November - December				

D. Other Volunteer Experience
1.
2.
3.
4.
5.

E. Memberships in Horticultural or Conservation Organizations
1.
2.
3.
4.
5.

F. References			
1.	Name	Phone	Relationship
	Address		Email
2.	Name	Phone	Relationship
	Address		Email

G. Media Release Statement

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically uses 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 to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: Yes _____ No _____

H. 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.

Signed _____ Date _____

Printed Name _____

I. Demographic Information (optional; for record keeping purposes only)

- | | |
|--|---|
| <p>1. Gender</p> <p>Female</p> <p>Male</p> | <p>2. Ethnicity</p> <p>Hispanic</p> <p>Not Hispanic</p> |
| <p>3. Race</p> <p>African American</p> <p>American Indian</p> <p>Asian</p> <p>Caucasian (white)</p> <p>Other</p> | <p>4. I live:</p> <p>On a farm</p> <p>Rural area or town under 10,000 population</p> <p>Town or city of 10,000 to 50,000 population</p> <p>Suburb or city over 50,000 population</p> <p>City over 50,000 population</p> |
5. Highest level of education: _____

VCE Internal Use Only

Date volunteer application received: _____

Date of interview: _____

Date of background screening: _____

Application requires further action: Yes No

Applicant met qualifications? Yes No

Date acceptance letter sent _____

Date rejection letter sent _____

Signature, VCE Representative _____ Date _____

Master Gardener Applicant Questionnaire

Name _____ Date _____
(Print name as you would like it to appear on your name tag)

1. Do you have a garden? If so, how long have you been gardening? What gardening activities interest you the most?
2. Why do you want to become a Virginia Cooperative Extension Master Gardener volunteer?
3. What is your background or career? What skills or experience do you have that would benefit our program? (e.g., computer, communications, publicity, organization, teaching/training)
4. How did you hear about this class?
5. Is there anything else you would like to share about yourself?