



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

Dear Prospective Fluvanna Master Gardener:

Thank you for your interest in the Virginia Cooperative Extension Master Gardener Program. We are a volunteer organization working to encourage and promote environmentally sound horticultural practices in our community through education and sustainable landscape management. Here is some information regarding our program and upcoming Training Class.

- The Training Class consists of 50 hours of classroom instruction and field experience.
- Classes will be held on Tuesday mornings from 9:00 am to 12:00 pm at the Palmyra Firehouse beginning January 15, 2019 through the end of April.
- Attendance at all classes is important. If you have to miss a class, we will help you to make it up in another county or substitute another program with similar content.
- There are open book written homework assignments for several (but not all) of the classes which 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.
- Upon completion of the classroom training, you begin an Internship of 50 volunteer hours working with local members. All volunteer activities must be in approved Fluvanna Master Gardener Projects. Once you complete the internship, you will achieve Master Gardener status.
- The Master Gardener title may not be used for commercial publicity or private business.
- A background screening and reference check is required for all volunteers. If you have any questions or concerns about this, please ask.
- The class fee is \$150 and covers the cost of the training manual, materials, handouts, and other supplies, as well as the background screening. For a couple sharing a Handbook the cost is \$75 for the second person. If you need financial assistance, please inquire.

While this may sound like a big commitment, we provide lots of support along the way. In our experience, the rewards are worth it!

We hope you will come join us.



Virginia Cooperative Extension

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



2019 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. 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?