



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 Master Gardener:

Thank you for your interest in the Virginia Cooperative Extension Master Gardener Program. We are a volunteer organization working in our community to encourage and promote environmentally sound horticultural practices through education and sustainable landscape management.

Volunteer involvement is one of the most important and unique aspects of the Virginia Cooperative Extension. Currently over 45 VCE-Master Gardeners in Fluvanna County participate in volunteer projects. The thousands of hours they devote to volunteer work annually allow them to share their passion for gardening with others while bringing the benefits of horticulture to our community.

Please submit the following application materials for our 2021 Master Gardener training course. There are two components:

1. Program Application
2. Expectations Agreement

The deadline is **November 1, 2020** for sending both documents to the above mailing address. All applicants will be notified about their acceptance in late December. We hope to have you join the Training Course in January 2021, and please feel free to contact me with any questions you may have.

Regards,

Sue Tepper
FMG Training Class Coordinator
sue.tepper2@gmail.com



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.

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
 <input type="checkbox"/> Female
 <input type="checkbox"/> Male</p> | <p>2. Ethnicity
 <input type="checkbox"/> Hispanic
 <input type="checkbox"/> Not Hispanic</p> |
| <p>3. Race
 <input type="checkbox"/> African American
 <input type="checkbox"/> American Indian
 <input type="checkbox"/> Asian
 <input type="checkbox"/> Caucasian (white)
 <input type="checkbox"/> Other</p> | <p>4. I live:
 <input type="checkbox"/> On a farm
 <input type="checkbox"/> Rural area or town under 10,000 population
 <input type="checkbox"/> Town or city of 10,000 to 50,000 population
 <input type="checkbox"/> Suburb or city over 50,000 population
 <input type="checkbox"/> 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 _____

2021 Extension Master Gardener Expectations Agreement

I wish to become a Virginia Cooperative Extension (VCE) Master Gardener volunteer and would like to be accepted for the Fluvanna training course taking place **January 21 – May 9, 2021**. I understand the following expectations should I be accepted into the program:

1. There is a \$190.00 fee for the class which covers the Virginia Master Gardener Handbook & other expenses associated with the class. The Training Course classes will be held **via Zoom on Thursday evenings January 21 – April 29 from 6 to 9 pm and will also include outdoor workshops from 9 am to 12 pm on four Saturdays- Feb 20, Mar 6, April 17, and May 9.**
2. Must attend all required training sessions. In the event that I miss a required session, I must make up the session and the examination (if one is given). Commit to complete all offered trainings and 50 hours minimum volunteer educational assistance as a Fluvanna EMG Intern within one year after completion of theory training.
3. Share only unbiased, research-based horticulture information with the public.
4. Not use my EMG nametag, certificate or title in direct or implied endorsement of any product or service or for personal financial gain.
5. Acknowledge that I have received explanation of the Virginia Tech/VCE liability coverage for volunteer staff members. I understand that any medical problem arising from volunteer work for Virginia Tech/VCE is my responsibility through my personal health care coverage. If injured while volunteering on behalf of Virginia Tech/VCE, I will file any claim with my own personal insurance.
6. Agree to fulfill an annual re-enrollment form and annual commitment of 20 hours of volunteer time and 8 hours of approved continuing education to remain an active EMG after this initial volunteer agreement is fulfilled.
7. Not discriminate on the basis 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.
8. Acknowledge that I am volunteering for and thereby represent the local Extension Unit with the understanding that the local VCE Agent or Representative is ultimately responsible for all locally approved EMG projects and continued education credits.
9. Will abide by policies, procedures, and guidelines of the EMG Program as outlined in Chapter 1 of The EMG Training Handbook and the Virginia Tech Principles of Community.

Print name _____

Signature _____

Date _____

City/County _____

Coordinator _____

Interviewer _____

