



Master Gardener New Intern Application Form

VCE Unit Name (County where applying) _____

Year _____

A. GENERAL INFORMATION

Last Name _____	First Name _____
Address (Street, City, State, ZIP) _____	
How long at this address? _____	Date of Birth _____

B. CONTACT INFORMATION

Home Phone _____	Cell Phone _____	Work Phone _____
E-mail Address _____		
Emergency Contact Name _____		
Emergency Contact Phone (Day) _____		(Evening) _____

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

E. MEMBERSHIPS IN HORTICULTURE/WILDLIFE GROUPS

1.
2.
3.
4.
5.

F. REFERENCES

1.	_____	_____	_____
	Name	Phone (day and night)	Relationship

	Street, City, State, ZIP		
2.	_____	_____	_____
	Name	Phone (day and night)	Relationship

	Street, City, State, ZIP		

G. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license?	_____	_____
If no, do you have other means of transportation?	_____	_____
If yes, do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of VA?	_____	_____

H. BACKGROUND INFORMATION

This information will be kept in a confidential manner and accessible only to authorized personnel. A “yes” answer does not automatically exclude you from registering for this unit of the Virginia Extension Master Gardener program.

Since your initial application, have you had any criminal convictions related to:	Yes	No
Alcohol or drug use?	___	___
Child abuse or neglect?	___	___
Elder abuse or neglect?	___	___
Violence?	___	___
Convictions of any other violation(s) of the law?	___	___
Conviction for any moving traffic violations?	___	___

If “yes” to any of the above, please describe _____

I understand criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Signature, Volunteer Applicant

Date

I. DEMOGRAPHIC INFORMATION (For record keeping purposes only)

1. Gender (optional)

- Female
- Male

3. Race (optional)

- White
- African American
- American Indian
- Asian

2. Ethnicity (optional):

- Hispanic
- Not Hispanic

4. I Live:

- On a farm
- Rural area or town under 10,000 population
- Town or city of 10,000 to 50,000 population
- Suburb or city over 50,000 population
- City over 50,000 population

5. Highest level of education: _____

J. ENROLLMENT AGREEMENT

I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. 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, Volunteer Applicant _____
Date

FOR VCE INTERNAL USE ONLY

Date Volunteer Application received _____

Application requires further action? Yes____ No____

Applicant met qualifications? Yes____ No____

Date acceptance letter sent _____

Date rejection letter sent _____

Signature, VCE Representative _____
Date

Please print name clearly: _____

INTERESTS & SKILLS QUESTIONNAIRE

It takes many people with diverse skills to run the all units of the Virginia Extension Master Gardener program. We are ALL volunteers. On this page, please indicate any of your particular interests and skills.

How did you hear about the local Extension Master Gardener Program?

Why do you want to become a VCE-MG volunteer?

Help us to help you succeed in the VCE Master Gardener Program by ranking all the topics below according to your level of interest (10 = very interested, 5 = somewhat interested, 0 = no interest):

___ animal/wildlife gardening	___ annuals	___ arts & crafts
___ bees/butterflies/insects	___ birds	___ botany
___ bulbs/corms/rhizomes	___ composting/organics	___ design
___ disease/pest management	___ edibles/vegetables	___ flower arranging
___ greenhouse	___ herbs	___ working with at-risk youth
___ houseplants/tropicals	___ maintenance landscape	___ native plants
___ perennials	___ photography	___ propagation
___ pruning	___ publicity	___ roses
___ sales/raffles	___ shade plants	___ shrubs and trees
___ soils	___ travel/tours	___ turf care
___ water/bog gardens	___ water quality	___ website/computers
___ woodworking/displays	___ writing	___ xeriscaping
___ other plant specialities (write in below - bonsai, African Violets, orchids, daylilies, iris, camellias, maples, etc.)		

Please list any memberships you hold in garden or horticulture groups: (ex: American Orchid Society, ___ garden club, etc.)

What description best suits you? (check one) ___beginning gardener ___experienced gardener ___professional horticulturist or government employee ___speciality gardener (i.e., orchids, roses, vegetables), please list: _____

Please list any specialized gardening skills / knowledge (xeriscaping, water gardening, organic vegetable gardening, etc.):

OTHER SKILLS/INTERESTS: Please circle your skills and list proficiency in the following areas (examples of areas that could be addressed are provided)

Computer: Don't use one, Email only, Use extensively at home/work; data entry, desktop publishing, web design/management, Microsoft Word, Excel, PowerPoint, Publisher, etc.

Arts and Publication: Videography, digital photography, scrapbook design, graphic design, writing, editing, proofreading

Business: Finance/auditing, marketing/advertising, program management, catering, event planning

Training and Leadership: (For any previous experiences, list age of clientele, group name, and group size) Teaching, leading groups (scouts, etc.), leadership training, public speaking

Language: Language skills other than English and fluency:

Signature: _____ Date: _____