



**Virginia Master Naturalist Program
Blue Ridge Foothills and Lakes Chapter
Volunteer Information and Enrollment Form
2010 Application**

A. GENERAL INFORMATION *(please print)*

Name: _____
(Last, First, MI)

Mailing Address: _____
(Street, Box, Route, Apt #)

(City, State, Zip)

County or Independent City of Residence: _____

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred):

Home _____ Cell _____
Work _____

E-mail: _____

Emergency Contact: Name _____

Phone: _____ Day _____ Evening

C. VOLUNTEER INFORMATION

1. Please answer the following questions regarding your interest in volunteer projects.

- | | | |
|---|-----|----|
| 1. Are you interested in education/outreach opportunities?
(eg. classroom presentations, staffing a booth, etc.) | Yes | No |
| 2. Are you interested in Citizen Science opportunities?
(eg. Stream monitoring, wildlife mapping, hawk watch) | Yes | No |
| 3. Are you interested in stewardship opportunities?
(eg. Trail building, stream cleanups, native plant rescues, invasive plant removal, and habitat restoration) | Yes | No |

2. When are you available to volunteer? (seasons of the year, days of the week, time of day)

3. Tell us about your previous volunteer experience (use back if necessary).

The following information is **required** for all Virginia Master Naturalist State Program volunteers.

D. DEMOGRAPHIC INFORMATION (Optional, for record keeping purposes only)

Gender: () Female
() Male
Date of Birth: _____
(must be 18 or accompanied by an adult if 14-17)
Race:
() White () Hispanic
() African American () Asian
() American Indian () Multi-Racial

E. REFERENCES (no family members)

1. Name: _____ Relationship _____
Phone (Day) _____ (Evening) _____
2. Name: _____ Relationship _____
Phone (Day) _____ (Evening) _____
3. Name: _____ Relationship _____
Phone (Day) _____ (Evening) _____

F. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

G. BACKGROUND INFORMATION

(This information is **required** by the State Master Naturalist Program and will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered volunteer.)

Have you ever had any **criminal convictions** related to:

	Yes	No
a. alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
b. child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
c. spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>
d. elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of any violation(s) of law? Yes No

If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years? Yes No

If "yes" to any of the above, please describe.

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the Virginia Master Naturalist Program.

Signature, Volunteer _____
Date

