



Virginia Master Naturalist Program – Pocahontas Chapter Volunteer Information and Enrollment Form

A. GENERAL INFORMATION *(please print)*

Name:
Last First Middle Initial

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 ()
 Mobile ()
 Business ()

E-mail:

Emergency Contact:

Name Phone: () Day () Evening

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

Gender: Female
 Male

Race:

- White
- African American
- American Indian
- Hispanic
- Asian
- Multi-Racial

Date of Birth:

D. INFORMATION ON INTERESTS AND ACTIVITIES *(You may complete online or attach your responses)*

1. What do you hope to gain from the Master Naturalist Program and what do you hope to give back to your community and its environs when you complete the program?

2. Describe any volunteer/training experience you've had. This is a volunteer-driven organization, so any administrative, leadership, planning, organizing or other experience can be just as useful as naturalist experience.

3. Areas of Volunteer Interest – Please check all that apply

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Education Programming for students | <input type="checkbox"/> Education Programming for Adults |
| <input type="checkbox"/> Natural Area Visitor Services | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Special Events Programming | <input type="checkbox"/> Invasive Species Eradication |
| <input type="checkbox"/> Wildlife Data Collection | <input type="checkbox"/> Water Quality Monitoring |
| <input type="checkbox"/> Riparian Buffer Restoration | <input type="checkbox"/> Conservation Agriculture Education |
| <input type="checkbox"/> Wildlife Habitat Restoration | <input type="checkbox"/> Chapter Administrative Duties |

Other (please describe):

4. When do you feel you would be able to complete your 10 hours of field work and 40 hours of community service?

- | | |
|---------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Weekdays, business hours | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Winter |

Are there specific times you know you will be unavailable?

5. Those admitted to the first basic training class will form the chapter, take on the roles of leadership, and organize future basic and advanced trainings. Please indicate your willingness to continue as a member in the chapter and contribute your time and effort to chapter activities following the completion of your training. What knowledge and skills (e.g. education or training taken or provided in natural history or sciences, organizational, accounting, secretarial, computer, publicity, other languages) could you offer the chapter?

6. How did you learn about the Master Naturalist Program?

E. REFERENCES

NAME PHONE (DAY & NIGHT) RELATIONSHIP

STREET, ROUTE, BOX, APT# CITY STATE ZIP

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NAME PHONE (DAY & NIGHT) RELATIONSHIP

STREET, ROUTE, BOX, APT# CITY STATE ZIP

F. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, issued in the state of _____		
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 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.

