

**Virginia Master Naturalist Program
Applicant Questionnaire
Historic Southside Chapter**



The Virginia Master Naturalist Program is sponsored jointly by Virginia Cooperative Extension, the Virginia Department of Conservation and Recreation, the Virginia Department of Environmental Quality, the Virginia Department of Forestry, the Virginia Department of Game and Inland Fisheries, the Virginia Institute of Marine Science's Center for Coastal Resources Management, and the Virginia Museum of Natural History.

A. General Information

Name	Nickname, for Nametag:		
Street Address			
City, State, ZIP Code			
E-Mail Address			
Phone number *indicate preference	Home:	Work:	Mobile:

B. Participation Background Information

Feel free to use another sheet of paper if necessary.

1. Please answer the following questions regarding requirements for training classes.

Do you understand the training and volunteer requirements of the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you reviewed the syllabus? [if supplied by chapter]	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to attend all of the classes as listed in the schedule? (Maximum of 2 class absences permitted, with make-up.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to attend the 4 field trips?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. Knowing about your previous volunteer experience (not necessarily nature-related) is important to our selection process. In the space below, tell us about your most recent and/or meaningful volunteer experiences. Feel free to use another sheet of paper if necessary.

Organization	Activity	Dates

Term: _____ Name: _____

3. How would you like to contribute to the Virginia Master Naturalist Program? Are you interested in education/outreach (e.g., school tours, classroom presentations, etc.), citizen science (e.g., stream monitoring, butterfly/bird counts, etc.), stewardship (e.g., trail building, invasive plant removal, habitat restoration, etc.) and/or administration (e.g. curriculum development, governance, etc.)? Be as specific as you can.

How often and when are you available to volunteer? (Approximate number of hours typically available per month; also list seasons, day of week, and time of day best for you.)

___ <1 hr ___ 1-2 hrs ___ 3-5 hrs ___ 6-12 hrs ___ >12 hrs
When are you typically available?

4. In a short paragraph, describe why you are interested in being a Master Naturalist volunteer.

5. Is there anything else you would like for us to know about you?

6. How did you hear about this Chapter of the Virginia Master Naturalist Program?

VMN PROGRAM INTERNAL USE ONLY – *additional comments on separate paper.*

Date volunteer application received: _____ Date of interview: _____

Date of reference checks: _____

Application requires further action: YES NO Applicant met qualifications: YES NO

Date acceptance letter sent: _____ Date rejection letter sent: _____

Signature of VMN Chapter Advisor: _____ Date: _____

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 McKinnie, Interim Administrator, 1890 Extension Program, Virginia State University, Petersburg. Template creation August 2018