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MASTER GARDENER TRAINING APPLICATION 2020

Hampton, Gloucester, Newport News, York/Poquoson

APPLICATION DEADLINE: July 15, 2020

Under the current circumstances with COVID-19, we have the option to change the class format to completely on-line version

Please choose your course preference by checking the appropriate box:

<input type="checkbox"/> Day Training Course <i>September 1 – November 10, 2020</i> <i>Tuesdays and Thursdays 9am until Noon</i> <i>plus 3 Saturdays</i> Dr. Martin Luther King, Jr. Community Bldg. at Charles Brown Park, 1950 Old Williamsburg Rd., Yorktown 23690	<input type="checkbox"/> Night Training Course <i>August 19 - November 10, 2020</i> <i>Wednesday evening classes 6:00pm – 8:00pm</i> <i>plus 3 Saturdays</i> Dr. Martin Luther King, Jr. Community Bldg. at Charles Brown Park, 1950 Old Williamsburg Rd., Yorktown 23690
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Early Signup Class Course Fee is \$150 by June 1st. After June 1st, Course Fee is \$160.
 (Course fee for two students in the same household sharing book is \$250 by June 1st and \$260 after.)

NOTICE: RETURNED CHECK FEE IS \$50

Please complete the attached application and the skills and interest questionnaire and submit them along with a check to your respective unit at the addresses below.

The textbook is now available in a print or digital version. Cost is the same for either one. Please indicate your preference. Print Digital

GLOUCESTER

Attention: Gloucester Master Gardeners
 c/o VCE-Gloucester
 PO Box 156
 Gloucester, VA 23061
***check payable to: Gloucester Master Gardeners**
 804 693-2602

NEWPORT NEWS

Attention: Newport News Master Gardeners
 c/o VCE-Newport News
 739 Thimble Shoals Blvd., Suite 1009
 Newport News, VA 23606
***check payable to NNMGA**
 757 591-4838

HAMPTON

Attention: Hampton Master Gardeners
 1919 Commerce Dr., Suite 340
 Hampton, VA 23666
***check payable to: Hampton Master Gardeners**
 757 727-1401

YORK/POQUOSON

VCE-York/Poquoson
 PO Box 532
 Yorktown, VA 23690
***check payable to: VCE-York/Poquoson**
 757 890-4940

NOTE: Course workload (both courses) is equivalent to 50-60 class hours plus preparation time.

Training Course Policies:

- All classes should be attended, except as prearranged or for medical reasons. Alternative methods are available to make up any missed classes.
- Tests are open book.

If you have any questions, contact the training chair in your respective unit:

Bill Blair - Gloucester; Janet Rash – Newport News; Loye Spencer – Hampton; or Bethany Beck – York/Poquoson

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension Office at 757-890-4940/TDD* during business hours of 9:00 a.m. and 4:00 p.m. to discuss accommodations 5 days prior to the event. *TDD number is (800) 828-1120.



Virginia Cooperative Extension
Virginia Tech • Virginia State University

Extension Master Gardener Volunteer Application

VCE Unit Name: _____ Application Year: _____

Unit Address: _____

Applicant Last Name: _____ First Name: _____

A. Contact Information	
Address (Street, City, State, Zip)	
Home Phone	Cell Phone
Work Phone	Email Address
Emergency Contact Name	
Emergency Phone (Day)	Emergency Phone (Evening)

B. Voluntary Disclosure
<p>This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for this unit of the Virginia Cooperative Extension Master Gardener Volunteer Program.</p> <p>Have you ever had any criminal convictions including moving traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes" to any question above, please describe:</p> <p>I understand that criminal background screenings or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension (VCE).</p> <p>Signature _____ Date _____</p>

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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)

- | | |
|--------------------------------------|-------------------------------------------------|
| 1. Gender | 2. Ethnicity |
| ___ Female | ___ Hispanic |
| ___ Male | ___ Not Hispanic |
| 3. Race | 4. I live: |
| ___ African American | ___ On a farm |
| ___ American Indian | ___ Rural area or town under 10,000 population |
| ___ Asian | ___ Town or city of 10,000 to 50,000 population |
| ___ Caucasian (white) | ___ Suburb or city over 50,000 population |
| ___ Other | ___ City over 50,000 population |
| 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 _____



Virginia Cooperative Extension

Virginia Tech • Virginia State University

Name: _____ Date: _____

INTERESTS & SKILLS QUESTIONNAIRE

On this page, please indicate any of your particular interests and skills. Your responses will help us match you with Extension Master Gardener (EMG) projects.

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

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

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):

Animals/Gardening for habitat	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/tropical plants	Maintenance landscape	Native plants
Perennials	Photography	Propagation
Pruning	Publicity	Roses
Sales/raffles/fundraising	Shade plants	Shrubs & trees
Soils	Travel/tours	Turf care/establishment
Water/bog gardens	Water quality	Website/computer work
Woodworking/displays	Writing	Xeriscaping
Other plant specialties (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
- Specialty gardener (i.e., orchids, roses, vegetables), please list: _____

Please list any specialized gardening skills/knowledge or areas in which you have interest (ex: xeriscaping, water gardening, organic vegetable gardening, etc.):

OTHER SKILLS/INTERESTS: (place a check next to all that apply)

Computer Proficiency		Business	
<input type="checkbox"/>	I don't use a computer	<input type="checkbox"/>	Finance/auditing
<input type="checkbox"/>	I use a computer for email only	<input type="checkbox"/>	Marketing/advertising
<input type="checkbox"/>	Some familiarity with computers	<input type="checkbox"/>	Program management
<input type="checkbox"/>	Extensive use of computers	<input type="checkbox"/>	Catering
Computer Skills		Event Planning	
<input type="checkbox"/>	Data entry	Training and Leadership	
<input type="checkbox"/>	Desktop publishing	<input type="checkbox"/>	Teaching
<input type="checkbox"/>	Web design/management	<input type="checkbox"/>	Leading groups (scouts, etc.)
<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Leadership training
<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Public speaking
<input type="checkbox"/>	Microsoft Access	Language	
<input type="checkbox"/>	Microsoft PowerPoint	Other language spoken:	
<input type="checkbox"/>	Microsoft Publisher	Comfort in conducting programming in this language:	
<input type="checkbox"/>	Other:		
Arts and Publication			
<input type="checkbox"/>	Videography		
<input type="checkbox"/>	Digital photography		
<input type="checkbox"/>	Scrapbook design		
<input type="checkbox"/>	Graphic design		
<input type="checkbox"/>	Writing		
<input type="checkbox"/>	Editing		
<input type="checkbox"/>	Proofreading		

Signature: _____ Date: _____