



Bedford Extension Master Gardener Trainee Application Form

Please print this form, complete the information in its entirety (please print clearly) and return by January 1 to:

Virginia Cooperative Extension, 122 East Main St. Suite 102, Bedford, VA 24523.

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 days/times you are **unavailable** for volunteer work.)

	Weekdays		Weekends	
	A.M.	P.M.	A.M.	P.M.
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

D. OTHER VOLUNTEER EXPERIENCE

Organization	Type of Service	Types of Activities

E. MEMBERSHIPS IN HORTICULTURE/WILDLIFE GROUPS

1. _____
2. _____
3. _____
4. _____
5. _____

RERERENCES

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

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

	Street, 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 no, do you have other means of transportation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of VA?	<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 registering for the **Bedford** Extension Master Gardener program.

Have you ever had any criminal convictions related to:	Yes	No
Alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Violence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any other violation(s) of the law?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any moving traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
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	

H. DEMOGRAPHIC INFORMATION (For record keeping purposes only)

- 1. Gender (optional)
 - Female
 - Male
- 2. Ethnicity (optional):
 - Hispanic
 - Not Hispanic
- 3. Race (optional)
 - White
 - African American
 - American Indian
 - Asian
- 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: _____

I. BEDFORD EXTENSION MASTER GARDENER ENROLLMENT AGREEMENT

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

J. APPLICATION FEE

The fee for this course, \$135, is due at the time of the interview. This fee includes a \$10 non-refundable fee for a background check. The \$125 course fee is non-refundable once applicants are accepted to the course. Make checks payable to "BAMGA." Applications received after January 1 will be charged \$150 for the course (to include late fee).

PLEASE CONTINUE to COMPLETE PAGE 4

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



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Please print name clearly: _____

INTERESTS & SKILLS QUESTIONNAIRE

It takes many people with diverse skills to run the Bedford Extension Master Gardener program. We are ALL volunteers. On this page, please indicate any of your particular interests and skills and briefly describe the context in which they have been developed.

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

What are your previous gardening experiences?

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

Other:

Skill / Interest		X	Proficiency and / or comments
Computer	Don't use one		
	Email only		
	Use extensively at work / home		
	Data entry		
	Desktop publishing		
	Web design / management		
	Microsoft Excel		
	Microsoft Powerpoint		
	Microsoft Publisher		
	Sharepoint		
Arts and Publication	Videography		
	Digital Photography		
	Scrap Book Design		
	Graphic Design		
	Writing		
	Editing		
	Proofreading		
Business	Finance / auditing		
	Marketing / advertising		
	Program Management		
	Catering event planning		
Miscellaneous (please list age groups and group sizes)	Teaching		
	Leading groups (Scouting)		
	Leadership training		
	Public speaking		
Other (please list any additional skills and interests)	Language skills / fluency level		



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