Dear Prospective Master Gardener,

Thanks for your interest in the Albemarle-Charlottesville Master Gardener program. We are a service of the Virginia Cooperative Extension, to provide our community with locally relevant programs that encourage environmental stewardship through horticulture. We operate 25 educational projects including: answering public gardening questions through our Horticulture Help Desk, using Demonstration Gardens to teach, giving classes and workshops about backyard gardening techniques, engaging children through gardening, and many other ways of helping people learn about plants.

Volunteer involvement is one of the most important and unique aspects of the Virginia Cooperative Extension. Currently over 130 VCE-Master Gardeners in our area participate in dozens of volunteer activities year-round, coming together in their desire to give something back to our neighborhoods, towns, and parks. The thousands of hours that they devote to volunteer work annually allow them to share their passion for gardening with others, bringing the benefits of horticulture to the backyards and byways of our community.

Please submit the following application materials for our 2020 Master Gardener training course. There are two components:

1. Program Application
2. Expectations Agreement

The deadline is **December 1, 2019** for sending both documents to me at the address below, or to my email address. Admission is limited to the first 25 qualified applicants. Once we have reviewed your application, we will contact you regarding scheduling an interview during December.

All applicants will be notified regarding their acceptance by the second week of January. We hope to have you join the Master Gardener Training Course in February 2020, so please don’t hesitate to contact me with any questions that you have.

Warmly,

Scott Boven
Master Gardener Coordinator
sboven@vt.edu

Virginia Cooperative Extension - Albemarle Office
460 Stagecoach Road
Charlottesville, VA 22902
(434) 872-4581

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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.

If you are a person with a disability and desire assistance or accommodation, please notify Scott Boven (434) 872-4581 during the hours of 9am-5pm, Monday – Friday. *TDD number is (800) 828-1120.*
2020 Albemarle/Charlottesville Extension Master Gardener Volunteer Application

Albemarle/Charlottesville Unit: 434-872-4580  460 Stagecoach Road, Charlottesville VA 22902

Applicant Last Name:                                    First Name:

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<tr>
<th>A. Contact Information</th>
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<td>Address (Street, City, State, Zip)</td>
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<td>Home Phone</td>
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<td>Cell Phone</td>
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<td>Work Phone</td>
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<td>Email Address</td>
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<td>Emergency Contact Name</td>
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<td>Emergency Phone (Day)</td>
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<td>Emergency Phone (Evening)</td>
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<th>B. Voluntary Disclosure</th>
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<td>This information will be kept in a confidential manner and accessible only to authorized personnel. A &quot;yes&quot; answer does not automatically exclude you from volunteering for this unit of the Virginia Cooperative Extension Master Gardener Volunteer Program.</td>
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<tr>
<td>Have you ever had any criminal convictions including moving traffic violations? Yes [ ] No [ ] If &quot;yes&quot; to any question above, please describe:</td>
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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).

Signature:    Date:    

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**C. Availability**

Please mark an “X” to indicate the days and times below that you are available for volunteer work.

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<tr>
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<td>November - December</td>
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**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

Printed Name

I. Demographic Information (optional; for record keeping purposes only)

1. Gender:  ___ Female  ___ Male
2. Ethnicity:  ___ Hispanic  ___ Not Hispanic
3. Race
   ___ African American
   ___ American Indian
   ___ Asian
   ___ Caucasian (white)
   ___ Other
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:

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
Interest & Skills Questionnaire

It takes many people with diverse skills to run Master Gardener programs. We are ALL volunteers.

Please print name clearly: ______________________________________________________________

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

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

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):

___animal/wildlife gardening  ___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/tropicals  ___maintenance landscape  ___native plants
___perennials  ___photography  ___propagation
___pruning  ___publicity  ___roses
___sales/raffles  ___shade plants  ___shrubs and trees
___soils  ___travel/tours  ___turf care
___water/bog gardens  ___water quality  ___website/computers
___woodworking/displays  ___writing  ___xeriscaping
___other plant specialties (write below - bonsai, African Violets, orchids, daylilies, iris, camellias, maples, etc.)

Please list your professional work/skills experience, or include your resume.

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 (xeriscaping, water gardening, organic vegetable gardening, etc.):

OTHER SKILLS/INTERESTS: Please circle your skills and list proficiency in the following areas

Computer: Very familiar. Email only. Don’t use one. Use extensively at home/work; data entry, desktop publishing, web design/management, Word, Excel, PowerPoint, Publisher, etc.

Arts and Publication: Videography, digital photography, scrapbook design, graphic design, writing, editing, proofreading

Business: Finance, auditing, marketing/advertising, fundraising, program management, catering, event planning

Training and Leadership: (For any previous experiences, list age of clientele, group name, and group size) Teaching, leading groups (scouts, etc.), leadership training, public speaking

Language: Language skills other than English and fluency:

Signature: _____________________________________________ Date: __________________
2020 Master Gardener Expectations Agreement

I wish to become a Virginia Cooperative Extension (VCE) Master Gardener volunteer and would like to be accepted for the Albemarle/Charlottesville training course taking place February 17 – May 4, 2020. I understand the following expectations, should I be accepted into the program:

2020 Expectations:

- There is a $190.00 fee for the class which covers the Virginia Master Gardener Handbook & other expenses associated with the class. Need-based scholarships are available; please contact Scott Boven at the Extension Office to inquire.

- Classes will run each Monday, from 9 am – 4 pm (with time for lunch between morning and afternoon sessions), from **February 17 – May 4, 2020**. Each participant will also be asked to sign up for one 3 hour small group training afterwards.

- Participants may not miss more than 2 classes (please note that 1 Monday = 2 classes), and that any classes missed must be made up by attending a comparable class in another county or in the following year, and submitting documentation of attendance. In extenuating circumstances, an alternative method of learning the information may be approved by the Master Gardener Coordinator in advance.

- Classes will primarily be held in Room A in the Albemarle County Office Building on 5th Street Extended.

- There will be several local field trips that will require driving to attend. Carpooling will be facilitated.

- Upon completion of the classroom training, participants are expected to complete 50 hours of volunteer activities no later than Dec 31 of the following year. The 50 hours of service includes a) volunteering a minimum of 20 hours at the Horticulture Help Desk, 3 hours of which must be at a Farmers’ Market or other Satellite Helpdesk event, and b) volunteering twice on a Healthy Virginia Lawn site visit. All volunteer activities must be in approved Albemarle/Charlottesville Master Gardener projects.

Continued ➔
I understand and agree to all the expectations above. I also agree to all the expectations below, should I be accepted into the program.

As a fully certified Master Gardener (in 2020 and beyond) I will:

- Pledge to volunteer a minimum of twenty (20) hours of my time in Charlottesville/ Albemarle toward educating the public, and an additional eight (8) hours of my time pursuing continuing education for myself as an Extension MG volunteer. I also agree to abide by the job duties and policies of the Master Gardener program, Virginia Cooperative Extension, Virginia State University and Virginia Polytechnic Institute and State University. I understand that if I fail to meet the minimum requirements I will not be eligible for renewal the following year.

- Record and submit my volunteer hours regularly in the VMS database, at least 3 times each year: by April 1, October 1, and December 1.

- Attend all VCE required trainings.

- Share only unbiased, research-based information with the public.

- Refer questions that I am not qualified to answer to VCE staff.

- Record the demographics of the people I serve through Master Gardener programs, to help monitor how well the program is serving the whole community.

Print Name ____________________________________________________________

Signature _____________________________ Date: __________________________