

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 volunteer 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 projects 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 2021 Master Gardener training course. There are two components:

1. Program Application
2. Expectations Agreement

The deadline is **November 1, 2020** for sending both documents to the mailing address below, or via email to Melanie Feldman at [fmelanie@vt.edu](mailto:fmelanie@vt.edu). Admission is limited to the first 25 qualified applicants. Once we have reviewed your application, we will contact you regarding scheduling an interview in early December.

All applicants will be notified about their acceptance in late December. We hope to have you join the Training Course in January 2021, so please don't hesitate to contact me with any questions you have.

Warmly,

**Scott Boven**  
Master Gardener Coordinator

**Melanie Feldman**  
Master Gardener Program Assistant  
[fmelanie@vt.edu](mailto:fmelanie@vt.edu)

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

*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.*



## 2021 Albemarle/Charlottesville Extension Master Gardener Volunteer Application

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

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

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.

Have you ever had any criminal convictions including moving traffic violations? Yes  No  If "yes" to any question above, please describe:

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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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.

<b>C. Availability</b>		<b>Please mark an "X" to indicate the days and times below that you are available for volunteer work.</b>			
		Weekdays		Weekends	
		A.M.	P.M.	A.M.	P.M.
January - March					
April - May					
June - August					
September - October					
November - December					
<b>D. Other Volunteer Experience</b>					
1.					
2					
3.					
4.					
5.					
<b>E. Memberships in Horticultural or Conservation Organizations</b>					
1.					
2.					
3.					
4.					
5.					
<b>F. References</b>					
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:  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:

Yes

No 

Application requires further action:

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):

<input type="checkbox"/> animal/wildlife gardening	<input type="checkbox"/> annuals	<input type="checkbox"/> arts & crafts
<input type="checkbox"/> bees/butterflies/insects	<input type="checkbox"/> birds	<input type="checkbox"/> botany
<input type="checkbox"/> bulbs/corms/rhizomes	<input type="checkbox"/> composting/organics	<input type="checkbox"/> design
<input type="checkbox"/> disease/pest management	<input type="checkbox"/> edibles/vegetables	<input type="checkbox"/> flower arranging
<input type="checkbox"/> greenhouse	<input type="checkbox"/> herbs	<input type="checkbox"/> working with at-risk youth
<input type="checkbox"/> houseplants/tropicals	<input type="checkbox"/> maintenance landscape	<input type="checkbox"/> native plants
<input type="checkbox"/> perennials	<input type="checkbox"/> photography	<input type="checkbox"/> propagation
<input type="checkbox"/> pruning	<input type="checkbox"/> publicity	<input type="checkbox"/> roses
<input type="checkbox"/> sales/raffles	<input type="checkbox"/> shade plants	<input type="checkbox"/> shrubs and trees
<input type="checkbox"/> soils	<input type="checkbox"/> travel/tours	<input type="checkbox"/> turf care
<input type="checkbox"/> water/bog gardens	<input type="checkbox"/> water quality	<input type="checkbox"/> website/computers
<input type="checkbox"/> woodworking/displays	<input type="checkbox"/> writing	<input type="checkbox"/> xeriscaping
<input type="checkbox"/> 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: \_\_\_\_\_



## 2021 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 **January 21 – May 9, 2021**. I understand the following expectations, should I be accepted into the program:

### 2021 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.
- Our Training Course classes will be held **via Zoom on Thursday evenings January 21- April 29 from 6-9 pm, but also include outdoor workshops from 9-12 on four Saturdays—Feb 20, Mar 6, April 17 and May 9.**
- Participants may not miss more than 2 classes, and 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.
- Upon completion of the Course training, participants are expected to complete 50 hours of volunteer service work no later than Dec 31 of the following year. The 50 hours of service includes a) volunteering a minimum of 20 hours in a Horticulture Help Desk situation—whether in an office, at a Farmers' Market or an outreach table 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 Gardner (**in 2021 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, science- and 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: \_\_\_\_\_