



2019 Culpeper, Greene, Madison, and Orange Counties Extension Master Gardener Volunteer

What is the VCE Master Gardener Volunteer Training Program?

The VCE (Virginia Cooperative Extension) Master Gardener Volunteer Training Program trains participants to become VCE Master Gardener Volunteers in practical gardening and landscaping techniques both, preserving and protecting the environment. The classes are taught by the horticulture extension agent, experts, and professionals in the different fields.

What is a certified VCE Master Gardener?

Certified VCE MGVs are trained volunteers who help their community by teaching others environmentally sound landscape gardening techniques.

What do Extension Master Gardeners do?

Primarily, MGVs are educators in the community. Our projects include school-based programs, a horticulture help-line, plant clinics, maintaining demonstration gardens, horticulture therapy and others.

Who should take the class?

If you love gardening and beautifying the environment, if you want to share what you learn with others, then you should take this class! Extension Master Gardeners provide a vast array of opportunities to learn and grow as gardeners and volunteers.

How much does the class cost?

The **tuition is \$155**. This price covers the cost of the training manual, one soil test, and instructor fees. Please plan to attend one of the orientations listed below.

Topics covered during the course of the online modules and labs include:

- Botany
- Diseases
- Integrated Pest Management
- Plant Propagation
- Pruning
- Soils and Fertility
- Turfgrass
- Woody Ornamentals
- Vegetable Gardening



- And many more!

You MUST attend one of the Orientation Meetings being held in December (see list below).

Orientation Schedule (You MUST attend one of the orientations):

Friday Dec. 7, 2018: *VCE - Culpeper, 101 South West St. Culpeper, VA 22701*

Wednesday Dec. 12, 2018: *VCE - Madison, 2 South Main St. Madison, VA 22727*

Thursday Dec. 13, 2018: *VCE - Orange, 146 Madison Rd. Orange, VA 22960*

All orientations will be held from 1 pm to 2 pm

Deadline for payment is January 4, 2019

**Make checks payable to:
Treasurer, Virginia Tech - Culpeper**

**Mail Registration Form and Payment to:
2018 Extension Master Gardener Volunteer Training
Virginia Cooperative Extension - Culpeper County Office
101 South West St. Culpeper, VA 22701**



Sharing knowledge. Empowering Communities

If you are a person with a disability and desire any assistive devices, services; please contact: Shawn Appling, Culpeper Extension Office at (540) 727-3435/ TDD during business hours of 8:00 am and 5:00 pm to discuss accommodations 5 days prior to the event. *TDD number is (800) 828-1120*

Extension Master Gardener Name _____ Date _____

**2019 Culpeper, Greene, Madison, and Orange Counties
Virginia Cooperative Extension Master Gardener Volunteer Application**

Contact Information

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Phone: _____ Email: _____

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”, please describe:

I understand that criminal background screening or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension.

Signature _____ Date _____

What type of manual would you like (please circle one)?

hard-copy or electronic (pdf)

Extension Master Gardener Name _____ Date _____

Availability	Please mark an "x" to indicate the days and times below that you are available for volunteer work.			
	Weekdays		Weekends	
	AM	PM	AM	PM
January - March				
April - May				
June - August				
September - October				
November - December				

Other Volunteer Experience

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Memberships in Horticultural or Conservation Organizations

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Extension Master Gardener Name _____ Date _____

References

Name: _____
Address: _____

Phone: _____ Email: _____
Relationship: _____

Name: _____
Address: _____

Phone: _____ Email: _____
Relationship: _____

Media Release Statement

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences periodically uses electronic and traditional media (e.g. photographs, video, audio footage, testimonials) for educational and publicity purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the Virginia Polytechnic Institute and State University/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 the Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

Please Initial: Yes No

Extension Master Gardener Name _____ Date _____

Which orientation will you attend? _____

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 of dismissal.

Signature _____ Date _____

Printed Name _____

Demographic Information (optional; for record keeping purposes only)

1) Gender

_____ Male

_____ Female

2) Ethnicity

_____ Hispanic

_____ Non-Hispanic

3) Race

_____ African American

_____ American Indian

_____ Asian

_____ 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 application received:

Date of interview:

Date of background screening:

Signature, VCE Representative:

Date: