

2015 Green Spring Master Gardener Program
New Intern Application Form



Please complete (print clearly) and return to: Green Spring Master Gardeners
Green Spring Gardens 4603 Green Spring Road
Alexandria VA 22312
Phone: (703) 642-0128 Fax: (703) 642-8095

Classes begin in September. Applications due by July 30, 2105

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. OTHER EXPERIENCE (Work or Volunteer)

| Organization | Type of Service | Types of Activities |
|--------------|-----------------|---------------------|
| | | |
| | | |
| | | |

D. MEMBERSHIPS IN HORTICULTURE/WILDLIFE GROUPS

1. _____
 2. _____
 3. _____

E. 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 Green Spring MG Program.

| Have you ever had any criminal convictions related to: | Yes | No |
|---|--------------------------|--------------------------|
| Alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| Spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of any 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 that records and 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 compliance record keeping purposes only*)

| | |
|---|--|
| 1. Gender: | 2. Ethnicity: |
| <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Male | <input type="checkbox"/> Not Hispanic |
| 3. Race: | 4. I Live: |
| <input type="checkbox"/> White | <input type="checkbox"/> On a farm |
| <input type="checkbox"/> African American | <input type="checkbox"/> Rural area or town under 10,000 population |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Town or city of 10,000 to 50,000 population |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Suburb or city over 50,000 population |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> City over 50,000 population |
| 5. Highest level of education: _____ | |



I. Green Spring 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

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 _____

Application approved? _____

Yes _____ No _____

Date acceptance letter sent _____

Date rejection letter sent _____

Signature, VCE Representative

Date



Please print name clearly: _____

INTERESTS & SKILLS QUESTIONNAIRE

It takes many people with diverse skills to run a large and complex program such as the GSMG. 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 Green Spring MG Program?

What are your previous gardening experiences?



When will you be available (weekdays, evenings, or weekends) to fulfill your volunteer hours as an intern?

Are you comfortable speaking in front of groups to give presentations or demonstrations? ___yes ___no

If no, would you like an opportunity to learn this skill? ___yes ___no



Please print name clearly: _____

I am interested in working in the following Master Gardener project areas:
(Check as many as apply. Project teams will be chosen at the end of classroom training.)

- Exhibits: developing horticulture education topics, handouts, visuals, PowerPoint
- EcoSavvy Conference, exhibits, finding speakers, fundraising
- Speakers Bureau: delivering horticulture education lectures to community groups
- Extension Master Gardener Help Line (required)
- Wildlife and Children's Demonstration Garden (gardening, heavy interpretation)
- Youth Horticulture Education
- Photography Team
- Writing Outlines on Horticultural Topics
- Staffing Horticulture Exhibits for special events
- Translations
- Giving tours at Green Spring
- VCE Master Gardener Help Desk/Plant Clinic (required)
- Other _____

I have the following skills to share: (Please don't be modest)

- | | |
|--|--|
| <input type="checkbox"/> Artistic talent | <input type="checkbox"/> Floral design |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Office skills |
| <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Mathematical skills |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Photography/videography | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Graphic design or drafting | |
| <input type="checkbox"/> Carpentry | |
| <input type="checkbox"/> Manual labor (Set up, takedown, etc.) | |

I have a personal interest in the following: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Trees & shrubs | <input type="checkbox"/> Plant/garden photography |
| <input type="checkbox"/> Ecology | <input type="checkbox"/> Lawn/turf grasses |
| <input type="checkbox"/> Landscape/garden design | <input type="checkbox"/> Ornamental grasses |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Organic gardening |
| <input type="checkbox"/> Fruits/orchards | <input type="checkbox"/> Integrated pest management (IPM) |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Plant pathology (diseases) |
| <input type="checkbox"/> Herbs | <input type="checkbox"/> Heirloom plants |
| <input type="checkbox"/> Wildflowers/native plants | <input type="checkbox"/> Bulbs |
| <input type="checkbox"/> Soil development | <input type="checkbox"/> Indoor plants |
| <input type="checkbox"/> Plant propagation | <input type="checkbox"/> Water gardens |
| <input type="checkbox"/> Greenhouse management | <input type="checkbox"/> Exotic/rare plants |
| <input type="checkbox"/> Pruning | <input type="checkbox"/> Cut flower gardening |
| <input type="checkbox"/> Historic gardens | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Floral design | |