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| **Virginia Master Naturalist Program****Applicant Questionnaire** **Northern Neck Chapter** |

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*The Virginia Master Naturalist Program is sponsored jointly by Virginia Cooperative Extension, the Virginia Department of Conservation and Recreation, the Virginia Department of Environmental Quality, the Virginia Department of Forestry, the Virginia Department of Game and Inland Fisheries, the Virginia Institute of Marine Science’s Center for Coastal Resources Management, and the Virginia Museum of Natural History.*

**A. General Information**

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| Name | Nickname, for Nametag: |
| Street Address |  |
| City, State, ZIP Code |  |
| E-Mail Address |  |
| Phone number \*indicate preference | Home: | Work: | Mobile: |

**B. Participation Background Information**

***Feel free to use another sheet of paper if necessary.***

**1. Please answer the following questions regarding requirements for training classes.**

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| Do you understand the training and volunteer requirements of the program? |  **YES** |  **NO** |
| Did you attend an information session? (Information Sessions will be held in September, October and November but are not required for enrollment in the class) |  **YES** |  **NO** |
| Are you able to attend all of the classes/field trips as listed in the schedule? (Missed classes/field trips must be made up within a year of the end of the course.) |  **YES** |  **NO** |
| Do you have a computer or access to a computer? (Homework assignments will include on-line reading and video that may be difficult to view on a cell phone.) |  **YES** |  **NO** |

**2. Knowing about your previous volunteer experience (not necessarily nature-related) is important to our selection process. In the space below, tell us about your most recent and/or meaningful volunteer experiences. Feel free to use another sheet of paper if necessary.**

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| Organization | Activity | Dates |
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**3. How would you like to contribute to the Virginia Master Naturalist Program? Are you interested in education/outreach (e.g., school tours, classroom presentations, etc.), citizen science (e.g., stream monitoring, butterfly/bird counts, etc.), stewardship (e.g., trail building, invasive plant removal, habitat restoration, etc.) and/or administration (e.g. curriculum development, governance, etc.)? Be as specific as you can.**

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**4. How often and when are you available to volunteer? (Approximate number of hours typically available per month; also list seasons, day of week, and time of day best for you.)**

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| \_\_\_<1 hr \_\_\_1-2 hrs \_\_\_3-5 hrs \_\_\_6-12 hrs \_\_\_>12 hrsWhen are you typically available? |

**5. In a short paragraph, describe why you are interested in being a Master Naturalist volunteer.**

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**6. List any background in the natural sciences, ecology, or the environment as an educator, student, volunteer, professional or other relationship, e. g. Master Gardener.**

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**7. How do you expect to benefit from the Master Naturalist Program?**

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**8. How will the Master Naturalist Program benefit from your participation?**

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**9. Is there anything else you would like for us to know about you?**

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**10. How did you hear about this Chapter of the Virginia Master Naturalist Program?**

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VMN PROGRAM INTERNAL USE ONLY – *additional comments on separate paper.*

Date volunteer application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reference checks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application requires further action:  YES  NO Applicant met qualifications:  YES  NO

Date acceptance letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date rejection letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VMN Chapter Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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