

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

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. I acknowledge the times, dates and requirements necessary to engage and continue in the program.

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: _____

Application requires further action: Yes No

Applicant met qualifications? Yes No

Date acceptance letter sent: _____

Date rejection letter sent: _____

Signature, VCE Representative _____ Date _____