



Virginia Master
Naturalists

Eastern Shore Chapter

Application Form - Virginia Master Naturalist Program - Eastern Shore Chapter

It looks like you are on a mobile device. For a better experience on smart phones, go to [Mobile Application Form](#)

I am new to MyImpactPage.com

You will need to enter a unique username to identify yourself to the system. You should select something that is easy for you to remember such as your email address or your name. Your username must be at least 6 characters long. If the name you enter is already in use by someone else, you will be prompted to choose another username.

Username

Email Address

Verify Email Address

[Save and Continue](#)

I already have a username

If you have signed up with this organization before, or are a member of another organization that uses MyImpactPage.com, you can use the same login to access all organizations with which you are associated.

Username

Password

[Forgot your username or password?](#)

[Login and Continue](#)

Already use MyImpactPage.com to volunteer with **this organization?**

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- Remember, you must complete the entire application in one sitting. If you leave the form before it is complete you will lose ALL the information you entered.
- Most people complete the application in less than 30 minutes.
- When you hit "Submit Application" you will be taken to the "Application Complete" screen if your application was submitted successfully. If you are not taken to another screen you may have left a required field blank. All required fields must be completed.

Additional Info

About You

Have you applied to or been in a VCE Master Volunteer program before?

☐ Required

If so, which VCE Master Volunteer programs have you applied to or been a part of?

Why are you interested in becoming a Virginia Master Naturalist volunteer?

How did you hear about the Virginia Master Naturalist program?

What kind of volunteer work would you like to do as a Virginia Master Naturalist volunteer?

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Have you have ever been enrolled in a VMN Basic Training Course before? (Yes/No) If yes, please also list when and with what Chapter.

Required

Experience

Please describe any previous volunteer experience you may have.

What do you consider your strengths, special talents, or abilities that would make you a good match for this volunteer program?

Required

First Reference

Name

Required

Relationship

Required

If you chose, "Other", please let us know what your relationship is.

Address

Primary Phone

Required

Secondary Phone

Email

Required

Second Reference

Name

Required

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Relationship

Required

If you chose, "Other", please let us know what your relationship is.

Address

Primary Phone

Required

Secondary Phone

Email

Required

Third Reference

Name

Required

Relationship

Required

If you chose, "Other", please let us know what your relationship is.

Address

Primary Phone

Required

Secondary Phone

Email

Required

Demographic Information

Virginia Cooperative Extension asks that you voluntarily respond to the questions below. Youth (under 18 years old) gender, ethnicity, and race information may only be reported by a parent or legal guardian. The cumulative demographic information is requested solely for the purpose of determining compliance with federal civil rights laws through the United States Department of Agriculture/National Institute of Food and Agriculture. Your response will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring that VCE programs are administered in a nondiscriminatory manner. Race/Ethnicity definitions are listed below.

Virginia Cooperative Extension is a partnership of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and local governments. Its 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, military status, or any other basis protected by law.

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Gender

Required

Are you at least 18 years old or older?

Required

If you are under 18, please list your age:

Ethnicity

Required

Race

Required

Emergency Contact

Name

Required

Primary Phone

Required

Secondary Phone

Relationship

If you chose, "Other", please let us know what your relationship is.

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.

Have you ever had any criminal convictions?

Required

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during my volunteer service.

Required

Agreements and Acknowledgements

I agree to the Media Release Statement found in the information box to the right of this field.

Required

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I agree to the VMN Volunteer Agreement found in the information box to the right of this field.

Required

I agree to the Enrollment Agreement found in the information box to the right of this field.

Required

I agree to the Virginia Master Naturalist Volunteer Standards of Conduct found in the information box to the right of this field.

Required

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