



Extension Master Gardener (EMG) Volunteer Annual Re-enrollment & Agreements

Contact Information	
Volunteer Name:	
Address:	
Email:	
Primary Phone:	Secondary Phone:
Emergency Contact Name:	Emergency Contact Phone:

Voluntary Disclosure
<p><i>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.</i></p> <p>Have you had any criminal convictions in the past 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Signature _____ Date _____</p>

Volunteer Agreement

As an active volunteer with the Virginia Cooperative Extension Master Gardener Program, I agree to:

1. Complete 20 hours minimum volunteer hours and 8 hours of continuing education in order to remain as an Extension Master Gardener.
2. Share unbiased, research-based horticulture information approved by Virginia Tech/Virginia State University/Virginia Cooperative Extension.
3. Adhere to the printed recommendations provided by the Extension specialists at Virginia Tech and published as *The Pest Management Guide for Home Grounds and Animals* (PMG) when providing chemical pest control recommendations.
4. Refer all questions regarding commercial crop production or pest control of such crops to the Extension Agent.
5. Not use my EMG nametag, certificate, or title in direct or implied endorsement of any product or service or for personal financial gain.

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6. Acknowledge that I have received explanation of the Virginia Tech/VCE liability coverage for volunteers. I understand that any medical problem arising from volunteer work for Virginia Tech/VCE is my responsibility through my personal health care coverage and I will file any claim with my own personal insurance.
7. Not discriminate on the basis 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 law.
8. Acknowledge that I am volunteering for and thereby represent the local Extension Unit with the understanding that the local VCE Agent or Representative is ultimately responsible for all locally approved EMG projects and continuing education credits.
9. Abide by policies, procedures, and guidelines of the EMG Program as outlined in Chapter 1 of The EMG Training Handbook.

Standards of Conduct

As a volunteer with the Virginia Cooperative Extension Master Gardener Program, I agree to:

- Act in accordance with the policies and guidelines laid out in the Virginia Master Gardener Handbook.
- Accept supervision and support from the local Virginia Cooperative Extension Unit Office.
- Accept supervision and support from the Extension Master Gardener (EMG) State Office.
- Work cooperatively and collaboratively with the local extension agent and/or local EMG coordinator on VCE locally approved projects and initiatives.
- Present a positive public image that speaks well of the EMG program and its sponsoring agency, Virginia Cooperative Extension.
- Comply with all applicable policies of Virginia Cooperative Extension, including the non-discrimination policy, and make all reasonable efforts to reach underrepresented audiences with EMG programs.
- Maintain and report accurate records relating to training, volunteering, and continuing education efforts.
- Be respectful and courteous to all others in communications and interactions.
- Actively participate as a positive team member with other individuals within the EMG program.
- Be aware and respectful of the [Virginia Tech Principles of Community](https://www.inclusive.vt.edu/Programs/vtpoc0.html) (<https://www.inclusive.vt.edu/Programs/vtpoc0.html>).

Print name

Signature

Date



Virginia Cooperative Extension
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