

## VCE-MG VOLUNTEER RECERTIFICATION CONTRACT

### Maintaining VCE-MG Status: (Excerpted from VCE Master Gardener Volunteer Policies)

VCE-MGs who desire to remain active after completing their initial training and internship commitments are required to complete an annual recertification process. This process insures that VCE-MGs are trained in current, up-to-date information. Eight hours of recertification training and twenty hours of work time/educational programming and/or volunteer coordination efforts are required to meet the recertification obligation. These activities must be conducted in conjunction with the VCE agents' program objectives. They must also be approved by the local VCE-MG coordinator and, for liability purposes, appropriate Extension personnel. VCE-MGs should continue to keep track of their volunteer contributions and submit time sheets.

When a person ceases active volunteering with VCE and/or no longer pursues continued education, he or she also relinquishes the title of VCE Master Gardener. Inactive status is temporary and is available for a one or two year period.

Northern Neck Master Gardener Association: Membership in the Northern Neck Master Gardener Association is open to, but not required of, active volunteers. Annual dues are payable in January.

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I intend to become certified/re-certified in the VCE Master Gardener program by:

1. completing and timely reporting 20 hours of volunteer service and 8 hours of recertification training annually or by completing my 50 hours of intern community volunteering by December 31.
2. sharing unbiased, research-based horticulture information approved by Virginia Tech/Virginia State/Virginia Cooperative Extension;
3. referring all questions regarding commercial crop production or pest control of such crops to the Extension Agent;
4. not using my VCE-MG name tag, certificate, or title in direct or implied endorsement of any product or service;
5. not discriminating on the basis of race, gender, color, ethnicity, national origin, disability, veteran status, age, religion, or socioeconomic circumstances;
6. acknowledging that I have received explanation of the Virginia Tech/VCE liability coverage for volunteer staff members. I understand that any medical problem arising from volunteer work for Virginia Tech/VCE is my responsibility through my personal health care coverage. If injured while working for Virginia Tech/VCE, I will file the injury with my personal insurance.

NAME (print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ COUNTY \_\_\_\_\_

AGENT \_\_\_\_\_ Matt Lewis \_\_\_\_\_

COORDINATOR \_\_\_\_\_