



Virginia Tech  
Virginia State University  
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A Healthy Virginia Lawn Program

|                  |  |
|------------------|--|
| OFFICE USE ONLY  |  |
| Client ID _____  |  |
| Date Revd. _____ |  |
| Ck. Amt _____    |  |

Name \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ VA Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Email Address (required to receive newsletters) \_\_\_\_\_

Authorization: I want to participate in the Grass Roots Lawns Program. As a participant of the program, I give my permission to Chesterfield VCE Master Gardener volunteers to come onto my property to take soil samples and lawn measurements. I understand that the base fee (\$25) covers one (1) soil test and program materials and that my **registration is not confirmed without payment or signature**. Any additional soil tests are \$11 each. Enclosed is a check for the above program fees.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Please make your check payable to "Treasurer, Chesterfield County". Mail your check and this registration form by **(May 13th)** to:  
 Grass Roots Lawns Program, Chesterfield County Extension Office, PO Box 146 Chesterfield, VA 23832

**Do you want a digital copy of your Grass Roots recommendations sent via email in addition to a physical copy?**  
 Yes  No

|  |   |  |
|--|---|--|
| <p><b>Number of Soil Sample (s)</b> (Select ONE of the following 2 Options)</p>  |   | <p><b>Do you need more than 1 sample?</b></p> <p>If yes to any of the following, then you may want to consider separating your soil samples for different areas.</p> <ul style="list-style-type: none"> <li>• Manage your lawns differently (ex: fertilize and lime your front yard regularly but not the back yard)</li> <li>• If your soil has been amended in one yard and not the other (ex: topsoil brought in for front yard but not back yard)</li> <li>• Have trouble growing grass in one part of the yard but not the other</li> </ul> |
| <p><b>Combination Soil Sample Option:</b></p> <p><input type="checkbox"/> One Soil Sample (\$25)</p> <p>A Combination Soil Sample will be taken from both front &amp; back &amp; any additional lawn areas making a composite sample to represent the whole lawn area.</p> | <p><b>Separate Area Soil Samples Option:</b></p> <p><input type="checkbox"/> One Soil Sample (\$25) Pick one below</p> <p><input type="checkbox"/> front lawn only <input type="checkbox"/> back lawn only</p> <p><input type="checkbox"/> other lawn (specify) _____</p> <p><input type="checkbox"/> 2 Separate Soil Samples (\$36) Pick 2 below</p> <p><input type="checkbox"/> front lawn <input type="checkbox"/> back lawn</p> <p><input type="checkbox"/> other lawn (specify) _____</p> <p><input type="checkbox"/> 3 Separate Soil Samples (\$47) Pick 3 below</p> <p><input type="checkbox"/> front lawn <input type="checkbox"/> back lawn</p> <p><input type="checkbox"/> other lawn (specify) _____</p> |  |

**How did you hear about our program? (select multiple if applicable)**

Master Gardener Volunteer  Online  Other \_\_\_\_\_  I am a previous Grass Roots participant

Newspaper  Social Media  Radio Ad  If so, what year did you participate in? \_\_\_\_\_

**Please assist us by completing the following OPTIONAL/VOLUNTARY information**  
 (please check the appropriate response)

|            |   |  |   |
|------------|---|--|---|
| Ethnicity: | <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Non- Hispanic or Latino |   |
| Race:      | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                   | <input type="checkbox"/> African American/Black |
|            | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White                   |   |
| Age:       | <input type="checkbox"/> 18 or Younger                    | <input type="checkbox"/> 19-64                   | <input type="checkbox"/> 65 or Older            |

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# Healthy Virginia Lawns Program Client Pre-Survey Questions

Please answer the following questions to the best of your ability. If you are unsure of how to answer any of the questions, you may wait to answer the question with the Master Gardener volunteer.

|   |   |   |   |
|---|---|---|---|
| What are you hoping to gain from participating in this program?   |   |   |   |
| Lawn <b>renovation</b> can range from the simple to the complex in order to reach desired results. Which best describes your situation?               |   |   |   |
| <input type="checkbox"/> I can commit minimal effort only   | <input type="checkbox"/> I am agreeable to moderate efforts, if needed            | <input type="checkbox"/> I am agreeable to major efforts, if needed           |   |
| Lawn <b>maintenance</b> can range from the simple to the complex in order to reach desired results. Which best describes your situation?              |   |   |   |
| <input type="checkbox"/> I can commit minimal effort only   | <input type="checkbox"/> I am agreeable to moderate efforts, if needed            | <input type="checkbox"/> I am agreeable to major efforts, if needed           |   |
| What type of grass do you have?   |   |   |   |
| <input type="checkbox"/> Cool-season (fescue, bluegrass, ryegrass)  | <input type="checkbox"/> Warm-season (bermudagrass, zoysiagrass, centipede grass) | <input type="checkbox"/> Not sure; wish to discuss with Gardener              |   |
| Who provides the landscape maintenance on your property?  |   |   |   |
| <input type="checkbox"/> You/Your family  | <input type="checkbox"/> Hired Lawn Service                                       |   |   |
| On average, during the growing season, does your lawn receive   |   |   |   |
| <input type="checkbox"/> Full Sun (8+ hrs. of direct sunlight daily)  | <input type="checkbox"/> Part Sun (6-8 hrs. of direct sunlight daily)             | <input type="checkbox"/> Or is Shaded (less than 6 hrs direct sunlight daily) |   |
| Grass is mowed to a height of   |   |   |   |
| <input type="checkbox"/> More than 3 inches   | <input type="checkbox"/> 2-3 inches   | <input type="checkbox"/> Less than 2 inches                                   | <input type="checkbox"/> Not sure; wish to discuss with Master Gardener |
| Do you remove grass clippings from the lawn?  |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |   |
| Has your soil been tested in the past 3 years?  |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |   |
| Do you have an irrigation system installed in your lawn?  |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |   |
| Do you regularly water your lawn?   |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |   |
| Have any of the following occurred in your lawn within the past 12 months?  |   |   |   |
| <input type="checkbox"/> Fertilization  | <input type="checkbox"/> Lime application   | <input type="checkbox"/> Core aeration  | <input type="checkbox"/> Soil test                                      |
| How do you manage leaves in the lawn?   |   |   |   |
| <input type="checkbox"/> Mulch leaves back into lawn with mower   | <input type="checkbox"/> Collect leaves and bag (trash)                           | <input type="checkbox"/> Collect leaves and use in landscape, compost         | <input type="checkbox"/> Not applicable                                 |
| After application, do you remove lawn products (grass clippings, fertilizer, weed control, etc.) from driveways/sidewalks and place back on the lawn? |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <input type="checkbox"/> Not applicable                                       |   |
| How often do you use pesticides (includes weed control, lawn disease/fungus control, and insect control products) on your lawn?                       |   |   |   |
| <input type="checkbox"/> Never  | <input type="checkbox"/> Rarely   | <input type="checkbox"/> Routinely  |   |
| Do you have a Resource Protection Area (RPA) on your property?  |   |   |   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <input type="checkbox"/> Not sure; wish to speak to a Master Gardener         |   |

Would you be open to lawn alternatives such as perennial flower beds, moss beds, mulch, alternative ground covers, meadows, etc.?

Yes

No

Maybe; would like more information

***Note: for the safety of our volunteers, we reserve the right to forego sampling and evaluating properties where pets cannot be removed from the sampling area during the stated evaluation time frame.***

***Volunteers will come to evaluate properties from April-July with priority being given to warm season lawns. You can expect to receive your report back before the end of July.***



**Chesterfield County Office**  
P.O. Box 146  
Chesterfield, VA 23832  
804/751-4401 Fax: 804/768-7576  
<http://www.chesterfield.gov/extension>

**Client Name:** \_\_\_\_\_