

Registration for 2016 membership

Bois D'Arc Chapter (Fannin County) of the Texas Master Naturalist

Mail Forms to:
Texas A&M AgriLife Extension
Fannin County
2505 N. Center St.
Bonham, TX 75418

Phone: (903) 583-7453
Fax: (903) 583-1092
Website: http://boisdarcmmn.org/
Email: fannin@ag.tamu.edu



- To apply, please complete this form, waiver, and the Texas AgriLife Volunteer Application form.
E-mail, mail, fax, or bring all completed forms to the Texas AgriLife Extension Office located at the 2505 N. Center St, Bonham on or before Aug. 12, 2016.

A. Your Information:

Year 2016

Name: _____ e-mail: _____
Street/Apt.: _____ County: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ - _____ (Home) (____) _____ - _____ (Cell)
Emergency Contact: _____ (____) _____ - _____
Employer: _____ (____) _____ - _____ (Work)
(if you can receive calls atwork)

B. Annual Chapter Membership and Certification:

Master Naturalist Certification requires the following obligation annually after successful completion of basic training classes and field trips. After certification is acquired annual membership dues are \$20.
a. 40 hours volunteer service for approved Master Naturalist projects
b. 8 hours advanced training

C. Registration for Master Naturalist Training Courses:

The fee for Basic Master Naturalist Training Course is \$100.00. Please make check payable to the Bois D' Arc Master Naturalist Chapter and mail or deliver to address above. Registration deadline is August 12, 2016. Classes begin Tuesday, August 23, 2016 from 6:00 p.m. - 9:00 p.m. at the Derrell Hall Education Center, 2505 N. Center St, Bonham and continue each Tuesday thereafter through Tuesday, December 3, 2016.

[] I understand that I am requested to attend all scheduled classes and field trips to complete my Basic Master Naturalist Training.

D. Interest and Background Information:

Please describe your interest in the Master Naturalist volunteer program:

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Please note your profession/skills/interests that may assist this volunteer program:

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List organizations/societies to which you belong and certifications you possess:

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* Interviews will be conducted Tuesday, August 16, 2016.

*All prospective members are required to undergo a background check through Texas A&M AgriLife Extension and to sign a Waiver of Liability upon acceptance into the program.

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Texas Master Naturalist Program

Volunteer Waiver for year 2016.

I, _____, understand that as a participant in the Texas Master Naturalist volunteer program (Program), I hereby release, discharge, and agree to hold harmless the Program and its sponsoring State Agencies, their Agents, Employees, Officers and Successors from and against the sponsoring State Agencies, their Agents, Employees, Officers or Successors for all personal injuries, including death, known and unknown, or damage to property caused by or arising out of activities performed under the Texas Master Naturalist Program.

Name (printed): _____

Signature: _____ Date: _____

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CONFIDENTIAL

E-446 7/10

Volunteer Application Form

And consent for criminal background history check authorization/waiver

To be completed by Extension program volunteers (EFNEP, BLT, etc.) and Master Volunteers only. 4-H volunteers must register online via 4-H CONNECT or by completing the 4-H Adult Volunteer Application (4-H 2-1.056)

Please print:

1. APPLICANT'S FULL, LEGAL NAME 2. COUNTY

3. ADDRESS 4. CITY ZIP

5. FIRST 5 DIGITS OF SOCIAL SECURITY NUMBER 6. DATE OF BIRTH

7. DRIVER'S LICENSE NUMBER (optional) 8. GENDER (select one) Male Female

9. Are you of Hispanic ethnicity? Yes No 10. VOLUNTEER PROGRAM AREA

RACE (Check all that apply)

- White Black Asian American Indian Alaskan Native Native Hawaiian Pacific Islander

Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED. O Yes O No

If yes, by who? When (Year):

For what purpose?

Did you pass? If not, what restrictions were imposed?

If you have been screened and passed a criminal background check through an Extension-approved entity, a letter/proof must be submitted.

Please sign at the bottom of the form.

12. I hereby authorize verify and/or its Service Provider and the Texas AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. I authorize the Texas AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas AgriLife Extension Service.

The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge verify and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and/or procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to verify for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

13. Date

14. Applicant's Signature