

T E X A S



Bois d'Arc Chapter Texas Master Naturalist

Application for the 2026-27 Initial Training Course

Deadline to Submit Application and Fee: October 1, 2026

Class size is limited and applications are accepted as received. To secure a spot, please submit early.
Applications that are incomplete or submitted with no fee will be returned to the applicant.

PART I – We must have this information to process your application:

Name _____

Address _____

City/Zip _____ County _____

Cell Phone _____ Home Phone _____

Email Address _____

Name for Name Badge _____

Name for Graduation Certificate _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone(s) _____

Directory Permission (Circle one): The chapter (may / may not) use my name, telephone number, and email address in the chapter directory.

Fee Enclosed (Please check one and fill in a name if applicable)

_____ \$100, Individual application with textbook included

_____ \$165, Two members of a household sharing one book (with _____)

Please complete this form (front and back) and return with the applicable fee payable to Bois d'Arc Chapter Texas Master Naturalist. *If submitting for two people sharing a book, please submit a completed and signed form for each applicant.*

Mail to: Bois d'Arc Texas Master Naturalist
Texas A&M AgriLife Extension Service, Fannin County
2505 N Center St.
Bonham, TX 75418



TEXAS A&M
AGRI
LIFE
EXTENSION

The Texas Master Naturalist Program is coordinated jointly by Texas A&M AgriLife Extension Service and Texas Parks and Wildlife Department. **Texas A&M AgriLife Extension Service** provides equal access in its programs, activities, education and employment, without regard to race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation or gender identity. **Texas Parks and Wildlife Department** prohibits discrimination on the basis of race, color, religion, national origin, disability, age, and gender, pursuant to state and federal law.

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Part II – Initial EACH item to indicate your commitment to fulfill the program requirements. If these blocks are not initialed, the application will be returned to the applicant.

_____ I am 18 years of age or older, have reviewed the Training Schedule provided and am available to attend Classes and Field Studies as listed in the schedule. Missed classes will be made up in accordance with chapter guidelines.

_____ I understand I will be required to complete the Initial Training Course, at least 40 hours of Volunteer Service, and 8 hours of Advanced Training to become a Certified Texas Master Naturalist.

_____ I understand that a Criminal Background Check is required by the state sponsors and will be conducted upon application to the TMN program and periodically thereafter at no charge to the participant. No credit check is required or requested.

_____ I understand that to maintain Certified Status as an active member of the Texas Master Naturalist Program (TMN), I must complete at least 40 hours of Volunteer Service, 8 hours of Advanced Training, and pay annual chapter dues each calendar year.

Part III – Tell us briefly why you are interested in the Texas Master Naturalist Program.

Please indicate Skills, Professional Training, or interests, if any, which you would share as a TMN. Check all that apply:

- _____ Education and/or Public Information, such as Speaking, Nature Guide, Children's Activities, Project Development
- _____ Field Activities and/or Monitoring/Surveys: Plant/Wildlife Census, Habitat Restoration/Planting, Water Quality Testing, Bird/Butterfly Counts, Seed/Plant Collection, Invasive Species Monitoring
- _____ Administrative Assistance, serving on Committees (Membership, Program, Volunteer Service, etc.)
- _____ Newsletter, Database/Computer Assistance, Fundraising Activities
- _____ Other (be specific) _____

Initial and Sign Below: If left blank, the application will be returned to the applicant.

_____ In consideration of being accepted as a participant in the Texas Master Naturalist Volunteer 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 program and sponsoring state agencies, their successor, employees, or officers for all personal injuries (including death), known and unknown or damage to property caused by or arising out of activities performed under the Program.

Signature _____ Date _____

For Office Use Only:

Received: _____ Status: _____ Acknowledged: _____