

CYPRESS BASIN CHAPTER TEXAS MASTER NATURALIST PROGRAM

APPLICATION FOR THE 2017 TRAINING SESSION

DEADLINE TO SUBMIT Application and Tuition Fee* is **December 31, 2016**. Class size is limited, therefore applications will be processed in the order they are received. Once an individual is accepted into the program there cannot be a refund of all or part of the tuition due to the immediate encumbrance of the fees for training expenses.

PART I

We must have this information to process your Application:

Legal Name _____ Sex (circle) M F

Address _____

City/ZIP _____ Zip _____

County of Residence _____

Telephone #s: Home: _____ Work: _____ Cell: _____

Email Address _____

Occupation/ Employer: _____

If not currently employed, or if retired, what was your previous occupation?

Please print your name as you want it to appear on your Name Badge and Certification:

What is your T-shirt size for the TMN Shirt you will receive upon Certification? (Circle) S M L XL XXL

***To make application for the 2017 training session, please complete and return the 2-page Application with your check or money order payable to "CBTMN" for the Tuition Fee of \$130** (or \$200/couple) to ensure your place in the applicants for consideration in the training program.**

****The Tuition Fee (non-refundable) for the training session includes the cost of the Background History, training manual, official name badge, TMN T-shirt, and dues for the first year.**

Mail to:

Jill Wright, Training Coordinator
Cypress Basin Master Naturalist Chapter
4506 Briarwood Terrace
Marshall, TX 75672

This Program is a collaborative effort between the Texas AgriLife Extension, Texas Parks and Wildlife, and local partner organizations. Education programs of the Texas AgriLife Extension and Texas Parks and Wildlife are open to all people without regard to race, color, sex, disability, religion, age or national origin.

PART II

Read and Initial **EACH** item:

_____ I have reviewed the Training Schedule provided and am available to attend all required training sessions.

_____ I understand I will be required to complete at least 40 hours of Volunteer Service and 8 hours of Advanced Training within 12 months of the start of classes to become a Certified Texas Master Naturalist and a member of the Cypress Basin Chapter.

_____ I will abide by and uphold TMN Standards of Conduct and Code of Ethics. (view at www.txmn.org/cypress - click on "members area", then "members", to locate the documents)

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

PART III

Tell us briefly why you are interested in the TMN Volunteer Program:

Please indicate Skills, Professional Training, or Interests, which you would care to share as a TMN member
(Check all that apply):

- Educational and/or Public Information, such as Speaking, Nature Guide, Children’s Activities, Project Development
- Field Activities and/or Monitoring/Surveys, such as Plant/Wildlife Census, Habitat Restoration & Planting, Water Quality Testing, Bird/Butterfly Counts, Seed/Plant Collection, Invasive Species Monitoring
- Administrative Assistance, such as serving on Committees (Membership, Volunteer Service, Advanced Training), Newsletter, Database/Computer Assistance, Fund raising Activities
- Other (be specific) _____

Please Read the Hold Harmless statement below before signing the application. Without your signature the application cannot be processed.

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 successors, 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 _____