

T E X A S



**APPLICATION FOR MEMBERSHIP IN
THE EAST TEXAS CHAPTER-TMN
P.O. Box 131184 Tyler , Texas 75707-1184
gloriatmn@aol.com**

This program is a collaborative effort between the Texas Agrilife Extension Service and Texas Parks and Wildlife.

The **application deadline is February 14, 2012.** Please type or print clearly and return your application and check in the amount of \$125 to: East Texas Chapter, Texas Master Naturalist, PO Box 131184, Tyler, TX 75713-1184. Your check will not be cashed until the class commences.

NAME: _____

(To be used on name tag and certificate)

SEX: Male _____ Female _____

MAILING ADDRESS:

Street _____ City _____ County _____

Zip Code _____ Telephone: Day () _____ Night () _____

Cell _____

Email Address: _____

Shirt Size (T-shirt) S ___ M ___ L ___ XL ___ XXL ___

1. Describe why you are interested in the Texas Master Naturalist volunteer program:

2. Please indicate any organizations of which you are a member, or have volunteered time during the last two years.

3. How did you learn about the Texas Master Naturalist Program?

4. What special knowledge, skills, hobbies, interest, training and education do you have that could benefit our Texas Master Naturalist Chapter?

YOUR AREAS OF INTEREST:

PLEASE RATE EACH AREA BELOW AS: (H)IGH, (M)EDIUM, OR (L)OW. Changed color & size

Education/Public Information

- Speakers Bureau – (presentations)
- Classroom Facilitator
- Guide or Docent (special projects)
- Children’s Activities
- Other _____

Administration

- Fund Raising
- Web Site Maintenance
- Computer Work
- Newsletter
- Leadership Positions
(committee chairpersons, special projects, etc.)
- Photography
- Historian
- Telephoning
- Other _____

Field Research/Surveys

- Forest Ecosystems
- Prairie Ecosystems
- Wetland Ecosystems
- Plant & Wildlife Census
(bird, insect, amphibian, etc.)
- Habitat Restoration Projects
- Native Plant/Seed Collection
- Herbarium Plant Preservation
- Trail Making
- Planting Specialty Gardens
- Prescribed Burns
- Other _____

East Texas Chapter of the Texas Master Naturalist Program VOLUNTEERS PLEDGE:

I understand that in exchange for the training made possible through the East Texas Chapter of the Texas Master Naturalist program, I will volunteer at least **40** hours of my time toward approved projects and complete **8** hours of advanced training within one year. I understand that I will become a Certified Texas Master Naturalist when I complete both the training and volunteer work. I also understand that to maintain an active status, I must complete **8** hours of advanced training and **40** hours of volunteer service each year thereafter.

Signature

Date

Texas Master Naturalist™
STATE PROGRAM VOLUNTEER POLICY

_____ I understand that I must attend a minimum of 40* hours of Texas Master Naturalist training. ***East Texas Chapter requires 60 hours of training.**
 (Initials) One class may be missed but that subject content must be made-up within a year. Once the class has been completed then I will be eligible for certification as a Texas Master Naturalist.

_____ I understand that I must complete the training, a minimum 40 hours of volunteer service
 (Initials) and at least 8 hours of advanced training to be certified as a Texas Master Naturalist. The volunteer service and advanced training must be completed within one year after completion of the initial 40-hour training. ***East Texas Chapter requires 60 hours).** To retain my certification as a Texas Master Naturalist, I must annually complete a minimum of 40 hours of volunteer service and 8 hours of advanced training.

_____ I understand that the volunteer service will be done only on projects approved by the Texas AgriLife Extension Service and/or a participating Texas Parks and Wildlife
 (Initials) employee, and /or the Chapter Volunteer Service Committee (or equivalent). Advanced training outside the chapter must also be pre-approved by the Chapter Curriculum Committee (or equivalent).

_____ I understand and acknowledge that the local chapter in which I am receiving training under
 (Initials) may have training, advanced training and volunteer service requirements exceeding that of that state established minimum requirements and agree to uphold their locally set standards.

_____ I agree to faithfully fulfill my obligation as a volunteer participant of the Texas Master Naturalist Program.
 (Initials)

_____ I agree to present a positive public image that speaks well of the Texas Master
 (Initials) Naturalist Program.

_____ I agree to actively participate as a team member with other individuals of the
 (Initials) Texas Master Naturalist Program.

_____ I understand that in consideration of being accepted as a participant in the
 (Initials) 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 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 Texas Master Naturalist Program.

_____ Yes, I will be able to comply with the requirements listed above.
(Initials)

_____ No, I cannot comply with the above policies and understand that I cannot be
(Initials) certified as a Texas Master Naturalist.

Volunteer Pledge:

I understand and agree to uphold the above statements of the Texas Master Naturalist™
Program:

Name (please print)

Signature _____ Date _____

Texas Master Naturalist Program Volunteer Waiver

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 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 Texas Master Naturalist Program.

Name (printed): _____

Signature _____ Date _____

Chapter Affiliation _____

Address: _____

City: _____, State: _____ Zip _____

Day Phone: () _____ - _____ Eve. Phone () _____ - _____

Email: _____

Combined two pages

This program is intended to serve people of all ages regardless of socioeconomic level, race, color, sex religion, disability or national origin. We seek to provide reasonable accommodations for all persons with disabilities. Please advise us as soon as possible of auxiliary aid or service that you require.

**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 (circle one) Male / Female |
| 9. Are you of Hispanic ethnicity? Yes / No
RACE (circle one) White / Black / Asian / American Indian
Alaskan Native / Native Hawaiian / Pacific Islander | 10. VOLUNTEER PROGRAM AREA _____ |

Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED. Yes 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 _____

Volunteer Application Form Instructions

1. Applicant's Printed Name – Complete with first name, middle name and last name.
 2. County – Complete with the county name in which you are applying to be a volunteer.
 - 3/4. Address – Complete with your current mailing address, city and zip code.
 5. Social Security Number – Complete with at least the **first five** digits of the social security number. The social security number is an individual descriptor that enables the system to complete a national criminal search of 47 jurisdictions.
 6. Date of Birth – Complete with the month, day and year of birth.
 7. Driver's License Number – Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
 8. Gender – Complete by circling one of the options.
 9. Race – Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
 10. Volunteer Program Area – Complete with the program area you are volunteering for (e.g., Better Living for Texans, Expanded Food and Nutrition Education Program, Master Gardener, Master Naturalist, Master Wellness Volunteer).
**4-H volunteers should complete the Texas 4-H Adult Volunteer Application (4-H 2-1.056).*
 11. Previously Screened – Texas AgriLife Extension Service will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Texas Youth Commission, Department of Defense – Child and Youth Services, Department of Defense – Family Programs, concealed handgun license; and/or licensed childcare workers.
** The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.**
*** Other sources may be considered based on documentation provided with screening criteria and specifics.***
**** Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to the Texas AgriLife Extension Service stating you have been screened and tested.*
 12. Authorization Statement – State agencies screening volunteers are required by legislation to use the Volunteer Center of North Texas. The Volunteer Center contracts with VeriFYI. VeriFYI is a background verification software system that accesses multi-jurisdiction checks utilizing one of the largest private-sector criminal history databases in the nation (180 million records). All information received is held in confidence and not shared at the county level. Criminal record results are shredded when a volunteer's status is determined.
 13. Date Completed
 14. Applicant's Signature
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