

Texas Master Naturalist<sup>TM</sup>  
Local Coordinating Committee Volunteer Policy

The Local Coordinating Committee is the driving force behind the creation of a Chapter of the Texas Master Naturalist" program. The committee members are the people who insure that the petitioning group completes all the requirements to be certified as a Chapter. The work is challenging and the reward is the gratification of your respective community.

As a volunteer and a member of the Local Coordinating Committee I understand that:

\_\_\_\_\_ I must complete all the requirements of a volunteer as outlined in the General Guidelines for  
(Initials) the Establishment of a Chapter within the Texas Master Naturalist" program.

\_\_\_\_\_ I must make a greater than normal commitment of time and talent to insure the successful  
(Initials) achievement of our group becoming a certified Chapter of the Texas Master Naturalist<sup>TM</sup>  
program.

\_\_\_\_\_ As a committee member I will follow the General Guidelines for the Establishment of a  
(Initials) Chapter within the Texas Master Naturalist<sup>TM</sup> program.

\_\_\_\_\_ I agree to seek and accept the guidance and support needed to complete requirements of the  
(Initials) Texas Master Naturalist<sup>TM</sup> program.

\_\_\_\_\_ I agree to present a positive public image that speaks well of the Texas Master  
(Initials) Naturalist<sup>TM</sup> program.

\_\_\_\_\_ I understand that in consideration of being accepted as a participant in the Texas Master Naturalist<sup>TM</sup>  
(Initials) 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<sup>TM</sup> program.

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\_\_\_\_\_ 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 certified as a  
(Initials) Texas Master Naturalist™.

Coordinating Committee Member Pledge:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Petitioning chapter \_\_\_\_\_

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