

**GUADALUPE CHAPTER
TEXAS MASTER NATURALIST PROGRAM
APPLICATION AND RELEASE**

Complete both pages and submit with your check or money order for \$175.00. Make checks payable to **Guadalupe Master Naturalists**. Mail or deliver in person to:

**Guadalupe Master Naturalist Registration
Texas A&M AgriLife Extension
210 E. Live Oak Street, Seguin, TX 78155**

APPLICANT INFORMATION *(Please print)*

Date: _____

Name: _____ DOB *{needed for background check}*:

Mailing address:

City: _____ State: Texas Zip:

COMMUNICATION INFORMATION *(Communication will be by email; provide an email address you regularly use):*

E-mail address:

Home phone: _____ Cell phone:

INTEREST/SKILL INFORMATION

Occupation:

If retired, what was your former occupation?

Why would you like to become a Master Naturalist?

Please describe your skills/interests that would be helpful to the Master Naturalist program. *(Specific skills are not a requirement to enroll in Master Naturalists. Include any relevant training or education related to native wildlife and plants, ecology, natural history, conservation, geology and more. Other skills may include computers, photography, data entry, writing, graphic arts, public speaking, teaching, etc.)*

How did you hear about the Master Naturalist program?

INITIAL EACH STATEMENT BELOW *(Please consider carefully the training and volunteer requirements.)* _____

I am 18 years of age or older and I agree to a criminal background check. _____ I will be available for a total of 54 class hours.

_____ I understand I must attend all scheduled classes or make up any missed classes to graduate.

_____ I understand that I will report my volunteer hours on a regular basis.

_____ I understand that to achieve recognition as a Certified Master Naturalist I must complete 40 hours of approved volunteer service and 8 hours of approved Advanced Training within one year of completion of the class.

_____ I understand that to maintain future certification as a Texas Master Naturalist I must complete 40 hours of volunteer service and 8 hours of Advanced Training annually.

_____ I understand I will pay my annual chapter dues (\$25) and participate in chapter activities. I am submitting the \$175.00 registration fee with this application.

LIABILITY AND BACKGROUND CHECK RELEASE

_____ I understand that 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 Texas Master Naturalist Program.

_____ I understand that I will be required to undergo a criminal background check as a condition of participation in the Texas Master Naturalist Program because many Master Naturalist activities may involve contact with children. By submitting this application, I am consenting to this check being performed. A portion of my registration fee will be applied to that purpose. I understand that this check will be performed at the state level and that no one in the Guadalupe Chapter will be informed of the detailed results, only whether or not I passed the check.

_____ I understand that I will not be able to certify until I have completed the process.

_____ Signature _____ Date

_____ Print Name