



VOLUNTEER POLICY & LIABILITY WAIVER

Name *{Please Print}* _____

_____ I understand that I must annually complete a minimum of 40 hours of volunteer
(initials) service and 8 hours of advanced training to be certified.

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

_____ I understand and acknowledge that the local chapter may have training, advanced
(initials) training and volunteer service requirements exceeding that of the state established
minimum requirements and agree to uphold the locally set standards.

_____ I agree to faithfully fulfill my obligation as a volunteer participant of the Texas Master
(Initials) Naturalist Program and avoid advocacy, lobbying or promoting political issues while
representing the TMN Program.

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

_____ I understand that in consideration of being accepted as a participant in the Texas
(initials) Master Naturalist™ volunteer program ("program") sponsored by Texas Parks & Wildlife
and the Texas AgriLife Extension Service, 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 all liability, claims demands, and judgments which the
undersigned, may have, or which my heirs, executors, administrators or assigns may have or
claim to have 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.

Volunteer Pledge:

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

Signature _____ Date _____

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.