ALAMO AREA MASTER NATURALIST CHAPTER

VOLUNTEER POLICY & LIABILITY WAIVER

Name (Please Print) ________________________________________________________________

_____ I understand that I must annually complete a minimum of 40 hours of volunteer 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 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 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 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 Naturalist Program and the local chapter.

_____ I understand that in consideration of being accepted as a participant in the Texas 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.