Volunteer Service Project Approval Form

Please complete this form to request approval of a new Volunteer Service Project that meets the Texas Master Naturalist mission and criteria.

If you have questions, please email Kate Knight: flowerjuniperblossom@gmail.com

First Name ___________________  Last Name________________________________

Email ____________________________________________________________

Description of the Volunteer Project:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Duration: ___One time Event ___Long term Service

Type of Service
___Chapter Business ___Training the Public ___Public Outreach
___Resource Management ___Field Research ___Technical Guidance/Work
___Nature Public Access ___Other

Explain “Other” ________________________________________________

Sponsoring Agency or Group ________________________________

Sponsoring Agency/Group Address: ________________________________________________

City: __________________________ State: ________________ Zip Code: ________

Sponsoring Agency/Group Phone #
__________________________

Sponsoring Agency/Group Email Address: __________________________________________

Name Secondary Person/Sponsor (Project Leader) ___________________________

Secondary Person/Sponsor (Project Leader) Email: _______________________________
Is the proposed service project representative of the goals, practices, and teachings of the Texas Master Naturalist Program?

___ Yes ___ No

How does the project address a pressing naturalist, natural resource management, chapter and/or partner need for meaningful service or resources?

____________________________________________________________________________________
____________________________________________________________________________________

What is the scope of the project in terms of when it would need to be conducted, where, estimated time needed to complete or maintain per month? How many volunteers would be needed?

____________________________________________________________________________________
____________________________________________________________________________________

Is the project within the chapter’s service area and ecological training?

___ Yes ___ No

How does the project allow the chapter to focus and/or create visibility, identity and/or recruitment for the chapter?

____________________________________________________________________________________
____________________________________________________________________________________

How can the project’s impact on the community and our natural resources be measured?

____________________________________________________________________________________
____________________________________________________________________________________

Trash Pickup Policy

In general, unless the activity is performed in conjunction with a larger habitat restoration program, trash pick-ups will not be approved as Good Water Chapter Volunteer Service.

Does any trash pick up meet the criteria of being part of a larger habitat restoration program?

___ Yes ___ No

If no, why should any trash pickup be approved in relation to this project?

____________________________________________________________________________________
____________________________________________________________________________________