



Dear Texas Master Naturalist Program Applicant:

Thank you for your interest in the Texas Master Naturalist Program. To become a Master Naturalist, you must be at least 18 years of age.

This program, jointly sponsored by Texas A&M AgriLife Extension and Texas Parks and Wildlife, will furnish you with basic information and strategies to restore and conserve our native species and habitats. Each class or field trip is conducted by a local professional. The classes, held at Midwestern State University in Wichita Falls TX, cover interesting topics about our natural resources.

A maximum of 25 applicants will be selected to attend the class. The fee for the training session is \$100.00. The fee covers your individual dues for 2024 and is used to pay for the curriculum for each trainee, name tags and other class material/costs. Transportation to field trip destinations is up to the individual trainee, however we often carpool to the site.

The Rolling Plains Chapter has one scholarship available for applicants who may qualify for such assistance. Please contact the Chapter President at the contact information below for more information on the availability of this scholarship.

To receive initial certification as a Texas Master Naturalist, trainees must fulfill the following three requirements:

- 1) Receive 40 hours of approved classroom/fieldtrip training.
- 2) Complete 40 hours of volunteer service on approved projects.
- 3) Complete 8 hours of advanced training in approved classes.

We look forward to your participation in the program. You will be contacted no later than March 13, 2024, about your selection for the spring training class. For more information, please contact either Laura Clepper or Laura Gillis using the information below.

Sincerely,

Laura Clepper
Chapter Advisor
Texas Parks and Wildlife Department
940-528-2211
Laura.Clepper@tpwd.texas.gov

Laura Gillis
Chapter President
TMN Rolling Plains Chapter
940-733-4467
rollingplainschaptertmn@gmail.com

**ROLLING PLAINS CHAPTER OF THE TEXAS MASTER NATURALIST PROGRAM
VOLUNTEER SERVICE AGREEMENT:**

We appreciate your interest in the Texas Master Naturalist Program. Your satisfaction and progress in this volunteer activity is important to us. Please read the following expectations. Applicants who are unable to adhere to the requirements outlined in this agreement may be required to forfeit their certification as a Texas Master Naturalist. If you have any questions, please feel free to contact the Chapter President. You'll find her contact information on the first page.

I understand that a background check is mandatory to participate in Texas Master Naturalist activities.

I understand that I am to be trained in the field of Master Naturalist. I understand that:

- I must complete and return the waiver and agreement forms that come with this application. Once the chapter receives my application, they will begin the background check process.
- To become certified, I must receive 40 hours of approved training in the field of Master Naturalist, perform a minimum of 40 hours of approved chapter volunteer service and receive a minimum of 8 hours of approved advance training. This must all be completed within 15 months of class start. To become certified, I must submit this record of service and training as directed by the Master Naturalist Program.

When acting as a Master Naturalist volunteer I agree to:

- Consistently exhibit a positive, professional manner to other volunteers and clients.
- Avoid any conflict of interest. I understand that I may not use my Master Naturalist status/title/logos to promote any commercial activity or private business.
- When performing duties as a Master Naturalist I agree to act in the highest standards of ethics:
 - Not physically, verbally, or sexually harass/abuse anyone.
 - Refrain from illegal or unsafe behavior.
 - Dress appropriately and not use harsh language.

I understand that, as a volunteer, I will not receive any pay or employee benefits. I also understand that I am not covered by worker's compensation laws in connection with my volunteer affiliation.

I understand and agree to the above requirements of the Texas Master Naturalist Program and certify I'm over eighteen years of age:

Name (please print) _____

Signature _____ Date _____

IMPORTANT: You must return your completed application before the deadline of March 13th, 2024. You must include the \$100.00 fee with your application. Please make your check payable to: Rolling Plains Chapter TMN. Once we've ordered the class curriculum, this fee is nonrefundable.

Email address _____

Telephone: Work _____ Home _____ Mobile _____
(If not allowed to receive personal calls or if you have no land line, N/A)

How would you like to be contacted? (Check all that apply) Email _____ Telephone _____ Text _____

Work History/Experience/Licenses/Certifications/Skills

Please circle:

Gender Male Female

Are you a veteran? Yes

I identify as (*Optional*) White African American Hispanic/Latino Asian

Pacific Islander Native Hawaiian Native American Native Alaskan Other

Emergency Contact Information: Name: _____ Relationship: _____

Primary Emergency Phone: _____ Alternate _____

Areas of Interest:

- | | | | |
|--|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Birding | <input type="checkbox"/> Fish/Marine Life | <input type="checkbox"/> Hiking | <input type="checkbox"/> Archeology |
| <input type="checkbox"/> Reptiles/Amphibians | <input type="checkbox"/> Botany/Native Plants | <input type="checkbox"/> Prairies | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Mammals | <input type="checkbox"/> Boating/Canoeing | <input type="checkbox"/> Wetlands | <input type="checkbox"/> Other |

Any Specific Interests such as, Education/Public Information, Field Research/Surveys, or Administration?

Other Interest? Please describe.

Consent for a Criminal Background Check and Application

To be completed by applicants to Rolling Plains Chapter of Texas Master Naturalist

Please type or print clearly.

Applicant's Full Legal Name

County

Home Address

City

State

Zip

Driver's License Number (Required for background check)

Date of Birth (Month, Date, Year)

The following Waivers and Agreements MUST BE COMPLETED to be considered for acceptance as a Master Naturalist Trainee

Background Check

In connection with the evaluation of my suitability for volunteer service, I give my consent for Texas Parks and Wildlife Department (TPWD) to obtain criminal history and driving record information related to my application for volunteer service. I understand that criminal history information includes any criminal conviction records for deferred adjudication, misdemeanor or felony offenses at age 17 or older. I understand that driving record information includes a driver's license verification and driving history of the past 12 months, and lists all convictions for traffic violations. Any such information will be used solely for volunteer-related considerations and not for any other purpose.

I authorize, consent, and grant permission to any person or entity to release to TPWD or its agent(s) any and all information regarding my criminal history and driving record. I WAIVE any and all claims I may have with respect to providing such information. I understand that TPWD and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I RELEASE TPWD and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by TPWD and its agent(s).

I understand that this authorization is not an offer or acceptance of my volunteer service by TPWD and that any false or misleading information I have provided to TPWD may result in a refusal to accept or continue volunteer service. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform TPWD in writing that I revoke this authorization.

Certain volunteer positions require us to conduct a background check and/or a driving record check. Answering "no" to the questions below will not preclude you from serving in positions that do not require a background check or driving record.

Applicants who wish to volunteer for the Game Warden Chaplain positions will be required to go through a rigorous law enforcement background check. Volunteer Chaplains candidates will be contacted by a local Game Warden and asked to sign a separate authorization to release information form before this background check is conducted.

I have read, understand and accept these terms. I also understand that if I do not accept these terms my application and class fee paid to Rolling Plains Chapter TMN will be returned. Please initial as appropriate:

_____ I accept these terms _____ I do not accept these terms

Printed Name

Signature

Date: _____

Confidentiality Agreement

I understand that during the course of my volunteer service and scope of my duties with TPWD, I may have access to data and confidential information concerning resources, finances, volunteers, employees, and/or users. This requires a commitment to confidentiality to protect individual and agency privacy and sensitive information. Unauthorized use of and/or disclosure of certain data and other sensitive information may create legal liability, put sensitive natural and cultural resources at risk, and cause a loss of public confidence in TPWD.

I HEREBY AGREE THAT I WILL NOT USE THE FOLLOWING TYPES OF INFORMATION IN AN UNAPPROVED MANNER. I FURTHER AGREE THAT I WILL NOT DISCLOSE SUCH INFORMATION TO PERSONS WITHIN OR OUTSIDE OF TPWD WITHOUT AUTHORIZATION FROM MY SUPERVISOR:

1. Personally identifiable information, including home addresses, email addresses, telephone numbers, Social Security numbers, driver's license numbers and birthdates of TPWD employees, volunteers, or customers. This includes personally identifiable information stored in TPWD or non-TPWD hosted electronic files and data systems (i.e. computers, phones, databases, spreadsheets, etc.), including passwords.
2. Information about the nature or location of any area, structure or feature (natural or man-made) that TPWD considers to be sensitive. This includes but is not limited to information on the location of archeological sites, on the location of non-publicized cave or cave-like features, or on the location of or data about endangered species.
3. Information or data stemming from conducting or assisting with archaeological site monitoring, surveys, testing and excavations; flora/fauna surveys and studies; and other scientific research.
4. Proprietary information, including information related to revenue or revenue systems, data or data collection systems, or scientific or surveying processes.

I understand that it is my responsibility to protect sensitive agency information throughout and after my term as a volunteer. I understand that any unauthorized disclosure or use of data or information, physically or electronically, will be subject to disciplinary action. These actions may include the termination of my participation as a volunteer and/or legal action according to applicable laws and TPWD policies and procedures.

I have read, understand and accept these terms and understand that if I do not accept these terms my application and class fee paid to Rolling Plains Chapter TMN will be returned.

Printed Name

Signature

Date: _____

Alternate Workforce Waiver

I, in consideration of being accepted as a volunteer for TPWD volunteer services, hereby **RELEASE, DISCHARGE and AGREE TO HOLD HARMLESS TPWD, its 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 TPWD, its agents, employees, officers or successors for all personal injuries (including death), property damage, or other damages caused by or arising out of activities in the above described volunteer services.**

I also agree to:

- Faithfully fulfill my obligation as a volunteer.
- Seek and accept the guidance and support needed to complete all assigned tasks;
- Present a positive image that speaks well of TPWD.
- Actively participate as a team member with others on the staff and at the work site; and
- Abide by the Conduct, Operation and Safety rules that exist within TPWD and at the work site.

Restrictions:

- A volunteer may not be placed in any duty situation considered hazardous.
- A volunteer will take no law enforcement actions.
- TPWD is not responsible for damage to a volunteer's personal property. Therefore, the volunteer should use work site equipment and/or insure his or her own property equipment when possible.

I understand that either TPWD or myself may cancel this agreement and my participation at any time. I have carefully read this agreement and release and understand all its terms. I execute it voluntarily and with full knowledge of its legal consequences.

By submitting this application, I hereby agree to the terms of the Alternative Workforce Waiver.

I have read, understand and accept these terms and understand that if I do not accept these terms my application and class fee paid to Rolling Plains Chapter TMN will be returned.

Printed Name

Signature

Date: _____

Media Waiver

I agree to be photographed or videotaped as a TPWD volunteer. I authorize my likeness to be edited, duplicated, re-used and distributed in whole or in part for all informational and promotional purposes through any media worldwide.

I understand that TPWD, its employees, subcontractors, and agents, have no obligation to air or use my likeness. Without any compensation to me, I authorize the rights granted herein. I understand that my appearance in photographs or videotapes confers upon me no rights of use, ownership, or copyright.

I understand that my email address and phone number may be used for contact by Rolling Plains Chapter, TMN officers or other committee members of Rolling Plains Chapter, TMN.

I RELEASE TPWD, its employees, subcontractors, and agents, from all liability for any claims by me or any third party in connection with my participation in the photography or videotaping.

Initial indicating your agreement/disagreement.

I Agree _____

I Disagree _____

Printed Name

Signature

Date: _____

I agree do not agree (circle one) to have my contact information published to the membership of Rolling Plains Chapter, TMN members.

Initials: _____

TEXAS MASTER NATURALIST PROGRAM

This program is a collaborative effort of professionals from Texas A&M Agrilife Extension and Texas Parks and Wildlife Department.

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 accommodation for all persons with disabilities. Please advise us as soon as possible of auxiliary aid or service that you require.

Return your completed application and fee to:

**Texas Master Naturalist
Rolling Plains Chapter
c/o Kemp Center for the Arts
1300 Lamar
Wichita Falls, TX 76301**