

Sagebrush-steppe Chapter of the Idaho Master Naturalist Program

Is this the chapter for you?



I can meet most Tuesdays from 9:00 a.m. – 12:00 p.m. with an occasional Saturday field trip between mid-January and May 1, 2017.

I am willing to attend at least 40 hours of training, education, and field trips.

I am willing to volunteer for the MK Nature Center, Idaho Botanical Garden, Jim Hall Foothills Learning Center/Boise Urban Garden School, and the City of Boise (total of 40 hours).

I am willing to pay \$150 for this education and service program.

I understand I can get \$75 of my program fee back, if I meet the 40 hour education and 40 hour volunteer service requirement.

If you confidently checked all the above boxes, please complete the following Idaho Master Naturalists Program Enrollment Form. Upon completion, mail the form with your payment to:

Idaho Botanical Garden (check can be made to the Idaho Botanical Garden)
C/O Elizabeth Dickey
Idaho Botanical Garden
2355 Old Penitentiary road, Boise, Idaho 83712

You may also physically drop the form off at the Idaho Botanical Garden office Monday - Friday 9:00 a.m. - 5:00 p.m.

We will notify you if you received a place in the class. If you have questions, please contact Sara Focht at 287-2906 or e-mail at sara.focht@idfg.idaho.gov.

**Registration begins at 9:00 a.m. on October 1, 2016.
No early registration forms will be accepted.**

Idaho Master Naturalist Program Enrollment Form



GENERAL INFORMATION:

Last Name: _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____

County of Residence _____ State _____ Zip Code _____

Primary Phone Number: _____ Secondary Phone Number _____

E-mail Address: _____

EMERGENCY CONTACT:

Last Name _____ First Name _____

Relationship: _____ Phone Number _____

DEMOGRAPHIC INFORMATION *(Optional, for record keeping purposes only):*

Gender _____ Ethnicity _____ Date of Birth _____

Male

Female

DRIVING INFORMATION:

Do you have a valid driver's license?

If yes, issued in the state of:

Yes

No

Do you have a current Commercial Driver's License (CDL)?

Yes

No

Do you currently have the minimum vehicle insurance coverage as required by the state of Idaho?

Yes

No

BACKGROUND INFORMATION:

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered volunteer.)

Have you ever had any **criminal convictions** related to:

Alcohol or Drug Abuse? Yes No

Child Abuse or Neglect? Yes No

Spousal Abuse? Yes No

Elder Abuse or Neglect? Yes No

Have you ever been convicted of any violations of the law? Yes No

Have you been convicted of any traffic violations within the last 5 years? Yes No

If "yes" to any of the above, please describe:

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the Idaho Master Naturalist Program.

Signature, Volunteer

Date

PARTICIPATION AGREEMENT:

I understand that I am a participant of the Idaho Master Naturalist Program and will receive no financial compensation or benefits for assistance rendered in any capacity.

I agree to abide by all policies and procedures of the Idaho Master Naturalist Program and its sponsoring agencies

I understand that I am responsible for my personal injuries and illness while participating in this program, and that I will hold the program and all joint and sponsoring agencies harmless. I understand that the Idaho Master Naturalist Program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

Signature, Volunteer

Date

Signature, Chapter Advisor

Agency

Date

MEDIA RELEASE:

Idaho Department of Fish and Game Idaho Master Naturalist Program periodically use photographs or video or audio footage or testimonials of program participants for local, regional, or state publicity or educational purposes. By my signature on this Volunteer Information form, I acknowledge receipt of this document and give permission for Idaho Department of Fish and Game and the Idaho Master Naturalist Program to use such reproductions for educational and publicity purposes.

Signature, Volunteer

Date