

The Sagebrush-steppe Chapter of the Idaho Master Naturalist Program Is this chapter for you??

- I can meet most Tuesdays and Thursdays from 9:30 am to 12:30 pm from February 25 to April 23rd, 2020?
- I am willing to attend 40 hours of training, education, and field trips?
- I am willing to volunteer for the MK Nature Center, the Idaho Botanical Garden, and Golden Eagle Audubon?
- I am willing to pay \$150.00 for this education and service program?
- I understand I will receive \$75.00 back in January 2021 if I complete 40 hours of education and 40 hours of volunteer service.
- I understand that part of my responsibilities as an Idaho Master Naturalist is to log my volunteer and education time on the electronic timesheet provided after I am trained to do so.

If you confidently checked all these boxes, continue to fill out the participant form and send to the address provided on the last page. We will notify you if you received a place in the class. If you have questions, please call Sara Focht at 287-2906 or email at sara.focht@idfg.idaho.gov.

Mail this registration form with your payment to Elizabeth Dickey or take it to the Idaho Botanical office M-F 9am -5pm.

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

Registration forms and checks will not be accepted before November 1, 2019.

Idaho Master Naturalist Program Enrollment Form

A. GENERAL INFORMATION *(please print)*

Name:

(LAST) (FIRST) (MIDDLE INITIAL)

Mailing Address:

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

County of residence _____

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred):

 Home () _____ Cell () _____ Business () _____

E-mail: _____

Emergency Contact:

Name _____ Phone: _____ () Day () Evening

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

Gender:

 Female Male Choose not to answer

Race:

 White African American American Indian Hispanic Asian Multi-Racial

Date of Birth: _____

D. References

(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

E. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the state of Idaho?	<input type="checkbox"/>	<input type="checkbox"/>

F. 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:

	Yes	No
a. alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
b. child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
c. spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>
d. elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any violation(s) of law?	<input type="checkbox"/>	<input type="checkbox"/>
If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

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

G. PARTICIPANT 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

H. 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

Please write your first name here as you would like it to appear on your program
nametag_____