

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

The Sagebrush-steppe Chapter of the Idaho Master Naturalist Program is based in Boise, Idaho. The IMNP is sponsored by the Idaho Department of Fish and Game with local partners that support each chapter. Our partners are the MK Nature Center (IDFG), the Idaho Botanical Garden (IBG), and the Golden Eagle Audubon Society (GEAS).

_____ I understand that classes in 2021 will start with an online format may move to an in-person format.

_____ I understand that using a computer and having an email is an essential function for this program, as most communication is sent through email.

_____ I understand that for certification in the program, I need to attend and log 40 hours of provided education.

_____ I understand that for certification in the program, I need to donate and log 40 hours of volunteer service toward conservation by December 31, 2021 date (*note that this requirement *may* be modified due to COVID-19).

_____ I will pay \$150.00 for participation in the program. I understand that if I finish the requirements of 40 hours of education and *40 hours of volunteer time by December 31, 2021, I will received \$75.00 back.

_____ I agree to log my education and volunteer time on the IMNP website to track my progress and provide the program information needed.

_____ I understand that by signing this registration form, I am not signing an official volunteer document. I understand that I need to fill out volunteer paperwork for each organization for which I volunteer.

_____ If you confidently checked all these boxes, continue to fill out the participant form and send to the address below. We will notify you if you received a place in the class. If you have questions, please contact Sara at sara.focht@idfg.idaho.gov

Mail this registration form with your payment to:

Checks should be written to the **Idaho Botanical Garden** and mailed to:
Idaho Botanical Garden
2355 N. Old Penitentiary Road
Boise, ID 83712

Registration forms and checks will not be accepted before November 10th, 2020.



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. 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 required by some partners. I understand that I have the choice to volunteer for entities that require background checks.

Signature

Date

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

MEDIA RELEASE

Idaho Department of Fish and Game Idaho Master Naturalist Program partners 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 partners 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

Idaho Department of Fish and Game (IDFG) adheres to all applicable state and federal laws and regulations related to discrimination on the basis of race, color, national origin, age, gender, disability or veteran's status. If you feel you have been discriminated against in any program, activity, or facility of Idaho Fish and Game, or if you desire further information, please write to: Idaho Department of Fish and Game, P.O. Box 25, Boise, ID 83707 OR U.S. Fish and Wildlife Service, Division of Federal Assistance, Mailstop: MBSP-4020, 4401 N. Fairfax Drive, Arlington, VA 22203, Telephone: (703) 358-2156. This publication will be made available in alternative formats upon request. Please contact the Department of Fish and Game for assistance. Costs associated with this publication are available from IDFG in accordance with section 60-202, Idaho Code. IMNP Enrollment Form/58914,7-1-2020/200/Sara Focht.