

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 three partnering organizations that sponsor this chapter are the MK Nature Center, the Idaho Botanical Gardens and the Golden Eagle Audubon.

_____ I understand that classes may be held online, in person or both.

_____ I understand that having a computer and email address is essential for participating in this program, as some classes will be online and communication is usually 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 2022. These hours my first year need to be for the three sponsoring partners.

_____ I will pay \$150 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, 2022, I will received \$75 back.

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

_____ 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 208 287 2906 (Sara)

Mail this registration 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

Contact sara.focht@idfg.idaho.gov with questions

**Registration forms and checks will not be accepted before
November 1, 2021.**

Keep this top sheet for your reference



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
 I do not wish to specify

Race:

White
 African American
 American Indian
 Hispanic
 Asian
 Multi-Racial
 I do not wish to specify

Date of Birth: _____

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

Signature, Volunteer 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

Signature, Chapter Advisor

Agency

Date

H. 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_____