

**REPLY TO:** Anita B. Gorman  
Conservation Discovery Center  
4750 Troost Ave.  
Kansas City, MO 64110  
Telephone: 816-759-7300  
Fax: 816-759-7333

May 3, 2011

Dear Potential Missouri Master Naturalist.

Hard to believe, but it is time to start planning for the fall. Our chapter's training for new members starts August 9. **We are holding an Informational Open House on June 7 from 6:30-8:30pm at the Anita B. Gorman Conservation Discovery Center.** You are not required to attend this program, but it is strongly encouraged. We will cover program details and answer all your questions. Current members will also showcase service projects they have completed.

The mission of the Missouri Master Naturalist program is to engage Missourians in the stewardship of our state's natural resources through science-based education and community service. Our local chapter, Osage Trails, gave over 6000 hours of volunteer service to our partners in 2010. Service to our partners is a very important component to the Master Naturalist program and we currently have 17 partner organizations with which we work.

If you decide to apply for the training, you will be expected to attend all classroom sessions and two Saturday field sessions. Once training is complete, you are required to provide 40 hours of service with our partners and attend 8 hours of advanced training within one year to become certified. The volunteer service includes your Capstone project which serves as a transition from training to volunteer service. You will learn more about this during your training.

**Applications are due by July 1, 2011 and can be found below.** You should submit your application, \$80 class fee, and background check, liability, and photo release forms together as one packet. Class size is limited. If you are not accepted, your \$80 will be refunded. Limited scholarships are available.

Sincerely,

Stacey Davis  
Discovery Center Manager  
Missouri Department of Conservation  
Osage Trails Chapter Advisor

Lala Kumar  
Horticulture Specialist  
University of Missouri Extension  
Osage Trails Chapter Advisor

# Missouri Master Naturalist

## Osage Trails Chapter

Tentative Fall Trailing Schedule

Classes are 6:30-9 pm at Anita B. Gorman Conservation Discovery Center except field sessions. Classroom sessions are mandatory plus you must attend at least two full day field sessions.

AUGUST 9	Orientation/Mentors/Yahoo Site
AUGUST 16	Ecoregions of Missouri/ Botany Basics
AUGUST 23	Interpretation – What is it? How do I do it?
AUGUST 27	<b>FIELD SESSION</b> – Interpretation
AUGUST 30	Ecological Concepts
SEPTEMBER 6	Soils and Geology
SEPTEMBER 13	Wildlife Management
SEPTEMBER 20	Urban Forestry and Invasive Species
SEPTEMBER 27	Wetlands
OCTOBER 1	<b>FIELD SESSION</b> - Wetlands
OCTOBER 4	Glade and Prairie Ecology
OCTOBER 8	<b>FIELD SESSION</b> – Glade and Prairie Ecology
OCTOBER 11	Conservation in Agriculture
OCTOBER 18	Forest Management
OCTOBER 22	<b>FIELD SESSION</b> – Forest Management
OCTOBER 25	Aquatics
OCTOBER 29	<b>FIELD SESSION</b> – Aquatics
NOVEMBER 1	Introduction to Capstone Projects
NOVEMBER 8	GRADUATION



## MISSOURI MASTER NATURALIST™ PROGRAM APPLICATION PACKET

The Missouri Master Naturalist program is a collaborative effort between the Missouri Department of Conservation (MDC) and the University of Missouri Extension.

Local Chapter Partners include:

- Anita B. Gorman Conservation Discovery Center (MDC)
- Blue River Watershed Association
- Burr Oak Woods Conservation Nature Center (MDC)
- Burroughs Audubon Society
- Cave Spring Historic Site & Nature Center
- George Owens Nature Park
- Heartland Tree Alliance (Bridging the Gap)
- Jackson County Parks & Recreation
- Kansas City Parks & Recreation (KCP&R)
- Kansas City WildLands (Bridging the Gap)
- Keep Kansas City Beautiful (Bridging the Gap)
- Lakeside Nature Center (KCP&R)
- Lincoln University Extension
- Martha Lafite Thompson Nature Sanctuary
- Missouri River Relief
- Platte County Parks and Recreation
- Powell Gardens

**Application packet is due by 5pm July, 1, 2011.**

Mail or hand deliver packet to:

**Missouri Master Naturalist Osage Trails Chapter**  
c/o University of Missouri Extension  
1106 West Main St  
Blue Springs, MO 64015  
816/252-5051  
Fax 816.252.5575

Insure that all of the following documents are included in the application packet you mail in.

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Background Check Form
- \_\_\_\_\_ Liability Release
- \_\_\_\_\_ Photo Release Authorization
- \_\_\_\_\_ Check for \$80 made payable to: **University of Missouri Extension**



## APPLICATION FORM

Participants must be at least 18 years of age.

Please type or print clearly.

**Your enrollment fee of \$80.00 must accompany the application.**

Make check payable to: **University of Missouri Extension**

At least one scholarship will be available. If interested in the scholarship, please write a one page essay explaining your interest in the program and submit it with your enrollment forms.

NAME: \_\_\_\_\_  
(As you wish it to appear on your certificate)

Name: \_\_\_\_\_  
(As you wish it to appear on your nametag—if different from above)

### MAILING ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS (for chapter communications only): \_\_\_\_\_

OCCUPATION, if employed: \_\_\_\_\_

If retired, what was your former occupation? \_\_\_\_\_

VOLUNTEER EXPERIENCE, if any (not a prerequisite for participation):

1) Describe why you are interested in the Missouri Master Naturalist Volunteer program.

2) What skills or interests are you willing to contribute to the Missouri Master Naturalist Programs? (Skills may include computer, photography, typing, graphic arts, public speaking, teaching, specific knowledge, etc.)

\_\_\_\_\_ (Initial here) If accepted into this program, I understand I am required to undergo a confidential screen for child abuse & neglect and criminal records before I begin my volunteer work, in keeping with the necessity for ensuring the safety of youth as well as providing protection for all volunteers. I understand that I may participate in the initial 40 hour training course but will not be recognized as a Master Naturalist until the records-checking process is completed and I am notified in writing of my acceptance into the program. I am assured that this process will be handled with the highest degree of confidentiality.

\_\_\_\_\_ YES, I will be available to attend all class sessions and field trips as listed on the training schedule. I understand that I am required to attend the training class, complete 40 hours of volunteer service within 15 months of beginning training and complete 8 hours of approved advanced training in order to become a Certified Missouri Master Naturalist.

\_\_\_\_\_ NO, I cannot make the commitment required to participate at this time, but I am still interested in the program. Please contact me when the next course is offered.

**OSAGE TRAILS CHAPTER OF THE MISSOURI MASTER NATURALIST PROGRAM VOLUNTEER COMMITMENT:**

I understand that in exchange for the training made possible through the Osage Trails Chapter of the Missouri Master Naturalist program, I will volunteer at least 40 hours of my time toward approved projects and successfully complete 8 hours of advanced training within 15 months of the start of the course. I understand that I will become a Certified Missouri Master Naturalist only when I complete both the training and the volunteer work. I also understand that to maintain an active status, I must successfully complete 8 hours of advanced training and 40 hours of volunteer service each year thereafter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Missouri  
Master Naturalist



## Background check form

Name (as it appears on your social security card): \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

The personal information you provide on this form to facilitate the child abuse & neglect and criminal records-check is strictly confidential. Only qualified and trained individuals and appropriate record-keeping agencies will access this information. In addition, they will adhere to strict procedures to ensure your protection.

This application will be handled with the highest degree of confidentiality and stored in a locked, secure location within the local University of Missouri Extension Center.

If questions arise from the records-check, the Missouri Department of Conservation and University of Missouri Extension chapter advisors will review the records-check report and work to find an appropriate volunteer placement, if possible. These persons have demonstrated the ability to keep all confidences.

Applicants may participate in the initial 40 hour training course but are not recognized as Master Naturalists until the records-checking process is completed and the applicants are notified in writing of their acceptance into the program.

**I hereby certify that the information provided  
above is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## LIABILITY RELEASE:

\_\_\_\_\_ I understand that in consideration of being accepted as a participant in the  
(Initials) Missouri Master Naturalist™ volunteer program (“program”), I hereby  
release, discharge and agree to hold harmless the program and its  
sponsoring state agencies, their agents, employees, officers and successors,  
from and against all claims of whatever kind, known or unknown, direct or  
indirect, for personal injury, death or property damage that I may incur from  
participation in the Missouri Master Naturalist™ program.

\_\_\_\_\_ I understand and agree that in consideration of being accepted as a  
(Initials) participant in the Missouri Master Naturalist™ volunteer program, I will  
defend and hold harmless the program and its sponsoring state agencies,  
their agents, employees, officers and successors from and against all claims  
by third parties, of whatever kind, known or unknown, direct or indirect, for  
personal injury, death or property damage that may arise from any of my  
intentional or negligent acts or failures to act.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PHOTO RELEASE AUTHORIZATION

I \_\_\_\_\_ authorize the University of Missouri to make pictures and sound recordings of me and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_