

Missouri Master Naturalist

Loess Hills Chapter

Tentative Spring Training Schedule

Classes are 5:30-8:00 pm at Missouri Dept. of Conservation NW Regional Office except field sessions. 40 hours of Classroom sessions and 2 field sessions are mandatory.

Feb. 28nd

Overview of Master Naturalist Program, Nature Journaling, Brief Interpretive and naturalist history

March 6th

Historical overview of Missouri's resources and land use, Eco Regions, Bio-Geography

March 13th

Ecological Concepts, Succession, Limiting factor, carrying capacity, biodiversity, habitat, niche, etc.
Urban Wildlife

March 20th

Soils and Geology

March 27th

Wetlands; Loess hills

***March 31st**

Field Experience: Wetlands, Loess Hills

April 3rd

Wildlife Management
Regulations and Consumptive use

April 10th

Forests, Woodlands, Glades, and Savannahs.
Fire as a management tool

***April 14th**

Field Experience: Forest Ecology Tree planting

April 17th

Species of Conservation Concern, Invasive species

April 24th

Bird ID, Taxonomy, and equipment
Presentation of Capstone Projects reflecting Citizen Science

***April 28th**

Field Experience: Birding Squaw Creek

May 1st

Aquatics, Stream Team, water monitoring, MO River

***May 5th**

Field Experience: Aquatics, Stream team, water monitoring, MO River

May 8th

Interpretations, Insects

May 15th

Prairie; Conservation in Agriculture, Quail

***May 19th**

Field Experience: TNC Prairie Harrison Co.

May 22nd

Graduation! And Partner Night



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:

- US Fish and Wildlife
- MO Department of Natural Resources
- Burroughs Audubon Society
- St. Joseph Parks & Recreation
- Missouri Western State University
- Missouri River Relief
- Platte County Parks and Recreation
- And Others...

Application packet is due by 5pm Feb. 13, 2012.

Mail or hand deliver packet to:

Missouri Dept. of Conservation
C/o TJ Peacher
701 James McCarthy Dr.
St. Joseph, MO 64507
816/271-3100

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 \$100 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 \$100.00 must accompany the application.

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

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.)

_____ If accepted into this program, I understand I am required to undergo a
(Initial here) 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.

LOESS HILLS CHAPTER OF THE MISSOURI MASTER NATURALIST PROGRAM VOLUNTEER COMMITMENT:

I understand that in exchange for the training made possible through the Loess Hills 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 Missouri Department of Conservation office.

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: _____