



## Volunteer Application

**Training Host Site Name:** MD DNR-Annapolis

**Host Site Address:** 580 Taylor Ave, Annapolis, MD 21401

**Dates:** Feb. – May 2022

**Times:** Wednesdays, 6-8p, Saturdays

**Program Facilitator:** Paula Becker

<i>Please type or print:</i>		
Last Name:	First Name:	
Name as you wish it to appear on your name tag:		
Street Address:		
City:	State: MD	Zip:      County:
Phone Days:	Evenings:	Cell:
E-mail:	County of residence:	
Occupation, if employed:	Former occupation, if retired:	
Emergency Contact Name:	Emergency Contact Phone #: HOME	

For the following questions, use additional sheets if necessary

1. List any training or experience in environmental education, research, stewardship, or related areas. In what area(s), if any, do you specialize; e.g. native plants, forestry, management, etc.?
2. Why do you wish to take the Master Naturalist training?
3. How do you plan to use the training you receive? What type of volunteer projects would interest you?
4. How did you learn about the Master Naturalist program?

5. Master Naturalist activities span a broad range of community service. If you are selected as a Master Naturalist trainee, will you be able to complete your 40 hours of volunteer service within one year of the last day of your volunteer training?" Yes      No, please explain		
6. Please rate your expertise in the following areas: 1 = experienced      2 = some knowledge      3 = none		
Forestry Management	Birds	Soils
Wetlands	Amphibians/Reptiles	Ecology
Chesapeake Bay	Insects	Interpretation/Teaching
Lakes/Ponds	Mammals	
Rivers/Streams	Plants/Trees	
	Natives/Invasives	
7. Please list any special skills (graphic design, software design, website maintenance, data entry, editorial, marketing, art, writing, photography, lesson plan development, etc.) that may be useful to the Master Naturalist program."		
8. Please list skills, interests and hobbies other than those listed in question 7.		
9. Please list organizations or clubs in which you are active.		
10. Please list languages, other than English, in which you are fluent.		
11. Check those with whom you prefer to work: ( ) Youth   ( ) Young Adults   ( ) Adults   ( ) Seniors		
12. What kinds of volunteer projects would be the <i>least</i> comfortable for you to do?		
13. Classroom materials will be posted on our web site. Do you have internet access? If not, is there someone who can assist you?		

**Work experience** (List most recent experience first)

Employer	Position or title	# of Years

**Background:**

If you have special needs that we would need to plan for, please let us know:

Have you ever been convicted of, pled nolo contendere (no contest) to, or received a deferred or suspended sentence for a crime more serious than a parking or speeding offense in this or any other state, territory, or country?      \_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please give date, nature of offense, and disposition: \_\_\_\_\_

\_\_\_\_\_

(A criminal record will not necessarily prevent an applicant from being a Maryland Master Naturalist; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. Give all the facts so that a decision can be made.)

**References:**

List **three** people who have definite knowledge of your character and skills. Complete addresses are required. Do not list family members.

Name (1)

Phone:

Name (2)

Phone:

Name (3)

Phone:

I authorize the Maryland Master Naturalist Program Facilitator to request and receive any background information about or concerning me, including, but not limited to my Criminal History. I also authorize the Maryland Master Naturalist Program Facilitator to contact the listed references and to verify the information provided. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. If appointed as a volunteer, I agree to abide by the philosophies and policies of the Host Site, as well as the Maryland Master Naturalist Program and to fulfill the volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete and made in good faith.

Applicant Signature:

Date: