



Master Naturalist  
Johnson County

Name \_\_\_\_\_ Telephone (daytime) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (evening) \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail address \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

**MISSION**

In support of Kansas State Research and Extension we shall be an educational, non-profit, volunteer organization dedicated to fulfilling the state program’s mission to develop a corps of well-informed volunteers to provide education, outreach, and service dedicated to the beneficial management of natural resources and natural areas within their communities for the State of Kansas. EMN is not organized for profit, nor shall any of its net earnings transfer in whole or in part to members, employees, or other individuals.

**PARTICIPATION GUIDELINES**

- Must have a high school diploma or equivalent, possess a broad interest in natural resources, and be interested in teaching and working with others.
- Support the objectives of the Extension Master Naturalist program.
- Read and comprehend an extensive notebook of support materials to be used for future reference.
- Attend evening basic training sessions and field trip excursions, completing make up lessons in cases of excused absences.
- Complete 30 hours of volunteer work in approved projects within one year of completion of basic training sessions.
- Distinction as an Extension Master Naturalist in good standing requires annual completion of minimum 10 hours of advanced training and minimum 30 volunteer hours.

**TIME AVAILABLE FOR VOLUNTEER SERVICE**

- Weekdays       Evenings       Saturdays       Sundays

Will your employment or other regular commitments allow you to be available to participate in all basic training sessions, held on Wednesdays from 6 to 9 p.m. starting March 6 through May 22, 2019? Class meeting location will be at the Johnson County Extension Office room 1060 unless otherwise noted.

- Yes  
 No, please explain: \_\_\_\_\_

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Applications are due by **January 16, 2019**. Notification of acceptance/denial by January 25, 2019.

# Natural Resources Experience

Please list any training, courses, or class experience you have had on natural resources and/or environmental issues. \_\_\_\_\_

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Check area(s) of specialization or experience:

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Herpetology                  |
| <input type="checkbox"/> Birds                   | <input type="checkbox"/> Insects                      |
| <input type="checkbox"/> Composting              | <input type="checkbox"/> Landscaping                  |
| <input type="checkbox"/> Ecology                 | <input type="checkbox"/> Mammals                      |
| <input type="checkbox"/> Ecosystem Management    | <input type="checkbox"/> Plants & Trees               |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Soils                        |
| <input type="checkbox"/> Geology                 | <input type="checkbox"/> Weather & Climate            |
| <input type="checkbox"/> Gardening               | <input type="checkbox"/> Other (please explain) _____ |

List natural resources or environmental group affiliation(s):

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Share other volunteer or work activities:

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How did you hear about the Extension Master Naturalist program?

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Have you participated in a Master Naturalist program in another state?  Yes  No If yes, which state? \_\_\_\_\_

Explain briefly why you wish to become an Extension Master Naturalist Volunteer:

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# Commitment

Thank you for your interest in the Extension Master Naturalist program and for completing this application. It will be carefully reviewed, and you will be contacted as soon as we begin preparations for the next training session. ***Please be sure to sign and date this agreement.***

I wish to become an Extension Master Naturalist trainee and would be available for the training sessions which begin on Wednesday, March 6, 2019 and continue each Wednesday from 6 to 9 p.m. until May 22, 2019.

I understand that if accepted into the program, I am entering into a commitment to return 30 volunteer hours to the Extension Master Naturalist program by December 31, 2019 and that training must be completed prior to conducting any volunteer hours. I further understand that continued distinction as an *active* Extension Master Naturalist requires completion of 30 volunteer hours and 10 advanced training hours annually.

In exchange for volunteer hours, Extension Master Naturalists receive at least 40 hours of Natural Resource training provided by natural resource professionals and recognized environmental science leaders in the community. Extension Master Naturalists experience the camaraderie of learning and working with other nature enthusiasts.

**Extension Master Naturalists are expected to provide information to the public based on research-based information, and to provide educational program assistance in support of county extension and other educational programs. Extension Master Naturalist volunteers may not participate in the Extension Master Naturalist Program for personal gain or for commercial recommendations or endorsements.**

Extension Master Naturalists operate under the supervision of trained professionals who are responsible for monitoring their performance and the progress of their continuing education.

If accepted into the program, I agree to pay the \$120 fee necessary to cover enrollment fees and costs for the Extension Master Naturalist training notebook, mileage for instructors and specialized instruction.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Class size is limited and chosen according to personal interests and the needs of the Extension Master Naturalist Program.*

**Make checks payable to:** Johnson County Extension Council

**Mail checks to:** Johnson County K-State Research and Extension, 11811 S. Sunset Drive, Suite 1500, Olathe, KS 66061

*K-State Research and Extension is an equal opportunity provider and employer and is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision or hearing disability please contact 715-7012.*

**K-STATE**  
Research and Extension

Master Naturalist  
Johnson County

# Extension Master Naturalist Volunteer Information Profile

*K-State Research and Extension takes seriously its obligation to provide a safe environment for all persons involved in our programs. This application is designed to be an information-gathering aid so as to successfully match the applicant's skills and interests with the appropriate volunteer position and needs of the organization. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his/her qualifications.*

## I. General Information

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last)

Mailing Address \_\_\_\_\_ (Street, Box, Route, Apt #)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Physical Address (If different than above) \_\_\_\_\_ (Street, Box, Route, Apt #)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

How long have you been at this present address? \_\_\_\_\_ Years

Phone: Day \_\_\_\_\_ Best time to call: \_\_\_\_\_  AM  PM  
Evening \_\_\_\_\_ Best time to call: \_\_\_\_\_  AM  PM

E-Mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Do you have special needs?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I. Personal Information

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Is your driver's license current and valid?  Yes  No Do you currently have the minimum automobile insurance coverage required by the State of Kansas  Yes  No Driver's License Number: \_\_\_\_\_

Johnson County K-State Research and Extension is very concerned that volunteers be appropriate role models, particularly should they work with youth. Please complete all questions. Note: A "yes" does not automatically exclude you from becoming a registered volunteer.

Have you ever had any problems with: (Check all that apply.)

- a. Substance abuse, controlled substances, alcohol, tobacco or other drugs?  Yes  No  
If Yes,  Charged  Convicted
- b. Criminal behavior? Felony or Misdemeanor?  Yes  No If Yes,  Charged  Convicted
- c. Child abuse or neglect?  Yes  No If Yes,  Charged  Convicted

Have you ever been asked to resign a volunteer position?  Yes  No

Have you ever had your driver's license suspended or revoked?  Yes  No If yes to any of the above, please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe and state what steps you have taken to correct the problem: \_\_\_\_\_  
\_\_\_\_\_