

Name as you wish it to appear on your name tag:

Please type or print:

Last Name:

Volunteer Application

Training Host Site Name: MD DNR-Annapolis

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

Dates: Feb. - May 2024

First Name:

Times: Wednesdays, 6-9p, Saturdays Program Facilitator: Paula Becker

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 HOME	Phone #:			
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 interest you?	u receive? What type	of volunteer projects would			
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 expl	ain			
6. Please rate your experti	so in the following areas:			
	experienced $2 = \text{some knowl}$	dedge 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 s	skills (graphic design, software de	sign, website maintenance,		
	keting, art, writing, photography,			
	Master Naturalist program."	1		
8. Please list skills, interes	sts and hobbies other than those listed	l in question 7.		
		•		
9. Please list organizations or clubs in which you are active.				
10. Please list languages, o	ther than English, in which you are f	luent.		
11. Check those with whor				
() Youth ()Young Adu	llts () 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?				

Employer	Position or title	# of Years	
Background:			
f you have special needs that	t we would need to plan for, pl	ease let us know:	
country? No	ous than a parking or speeding oYes of offense, and disposition:	·	tate, territory,
criminal record will be consid	ressarily prevent an applicant from		
applying. Give all the facts so	that a decision can be made.)		
References:			
ist three people who have defequired. Do not list family me	inite knowledge of your character embers.	and skills. Complete addre	esses are
Name (1)			
Phone:			
Name (2)			

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.

Phone:

Name (3) Phone:

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