

Boone's Lick Chapter Missouri Master Naturalist - Columbia, Missouri
2019 Spring Training Schedule and Presentations - Tentative

Classes are held 6:00-9:00 pm at the Boone County MU Extension office on HWY UU except for field sessions which will originate from Eagle Bluffs Conservation Area Headquarters near McBain unless otherwise listed.

All Classroom and Field Sessions are **MANDATORY**.

February 6	Orientation: 6:30-8:00 p.m. Boone County MU Extension Office on HWY UU, Columbia, MO
March 6	History of Conservation Missouri's Natural Areas
March 13	Ecological Sites of Missouri Geology and Soils
March 20	Key Ecological Concepts Urban Wildlife Ecology
March 27	Conserving All Habitats Invasive Species
April 3	Big Water Ecology Streams, Water Quality & Invertebrates Natural Resource Interpretation
April 10	Natural Resource Interpretation Saving the Monarchs
April 13 (Field Trip)	Eagle Bluffs Conservation Area and Columbia Wetland Cells Wetlands / Conservation of the Missouri River Eco System / Fishes of Missouri
April 17	Introduction to Bird Identification and Behavior Reptiles and Amphibians
April 20 (Field trip)	Three Creeks Conservation Area Forest Ecology and Forest Management / Tree Identification
April 24	Missouri's Small Mammals Managing Nuisance Wildlife
May 1	Agriculture and Conservation Urban Agriculture
May 4 (Field trip)	Rock Bridge Memorial State Park Caves and Karsts / Native Plants / History of Rock Bridge Memorial State Park
May 8	Naturalist Survival: Being Prepared Law Enforcement as a Resource Management Tool
May 11 (Field trip)	Tucker Prairie and Prairie Fork Conservation Areas Missouri Prairie Ecosystems
May 15	Graduation



MISSOURI MASTER NATURALIST™ PROGRAM
APPLICATION PACKET

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

Local Chapter Partners include:

Audubon of Missouri
Big Muddy Fish and Wildlife Refuge, USFW-Columbia Office
Care for Creation Community Garden
City of Columbia
Columbia Audubon Society
Community Collaborative Rain, Hail and Snow Network
Columbia Outdoor Classroom Project
Greenbelt Land Trust
Missouri Prairie Foundation
Missouri River Communities Network
Missouri River Relief
Missouri Stream Team
Ozark Trail Association
Prairie Forks Restoration Project, MDC
Prairie Garden Trust
Project Feeder Watch
Raptor Rehabilitation Project, MU School of Veterinary Medicine
Rock Bridge Memorial State Park
Bradford Research and Extension Center
Wild Ones

Coalition Member with:

Teaming with Wildlife
Missouri Bird Conservation Initiative

Application packet is due by 5:00 p.m. on Friday, February 8, 2019

Mail or hand deliver packet to:

Missouri Master Naturalist Boone's Lick Chapter
c/o MU Extension
1012 N. Highway UU
Columbia, MO 65203
Phone: 573-445-9792
Fax: 573-445-9807

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 \$95.00 made payable to:
University of Missouri Extension

Missouri Master Naturalist Volunteer Program Enrollment Form



This volunteer service and education program is a collaborative effort between the Missouri Department of Conservation and University of Missouri Extension,

BOONE'S LICK CHAPTER
1012 N. HIGHWAY UU
COLUMBIA, MO 65203
573-445-9807

Enrollment begins **January 8, 2019**. Participants must be at least eighteen years of age. Please type or print clearly and return your form to the above address. **An enrollment fee of ninety-five dollars (\$95.00) 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 (optional): _____

OCCUPATION, if employed: _____

If retired, what was your former occupation? _____

- 1) Describe why you are interested in the Missouri Master Naturalist volunteer service and education 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.)

_____ Prior to be accepted into this program, I understand I am required to undergo a
(Initial here) confidential screen for child abuse and neglect and criminal records before I begin my training and volunteer work, in keeping with the necessity for ensuring the safety of youth as well as providing protection for all volunteers. I will be 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.

BOONE’S LICK CHAPTER OF THE MISSOURI MASTER NATURALIST PROGRAM VOLUNTEER COMMITMENT:

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

Signature

Date



Background Check Form

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

Current Street Address: _____ City/State/Zip: _____

Social Security Number:

Date of Birth:

I hereby affirm that I am the applicant for record/review listed above and the information provided in this application is true and accurate to the best of my knowledge. I give my permission to the Missouri Department of Conservation (MDC) to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number. I further authorize MDC to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.

By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application, I will be removed from consideration as a volunteer.

A conviction of a violation of the law does not constitute an automatic bar to volunteering. Each case is considered on an individual basis. Falsification of the application will however, result in disqualification or dismissal from volunteering.

The personal information you provide on this form to facilitate the child abuse and 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.

If questions arise from the records-check, the Missouri Department of Conservation and University of Missouri Extension chapter advisors and state program coordinators will review the records-check report and work to find an appropriate volunteer placement, if possible.

Signature

Date



A partnership of the Missouri Department of Conservation and University of Missouri Extension

UNIVERSITY OF MISSOURI
 Extension



LIABILITY RELEASE:

Initials

I understand that in consideration of being accepted as a participant in the 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.

Initials

I understand and agree that in consideration of being accepted as a 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: _____