

Boone's Lick Master Naturalists – Advanced Training Approval Form

YYYY-MM-DD

1. MN Requesting Approval:
 Email:
 Phone:
2. Training Title:
3. Training Sponsor:
4. Location:
5. Date(s) and Length of training:
6. Description (attach syllabus, description or outline if available):
7. Cost of training:
8. Where to go for more information:
9. What knowledge can the volunteers expect to gain through this training?
10. What new skill(s) can the volunteers expect to learn?

Date request received: _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Status confirmed with MN: _____(date) Status confirmed with chapter: _____

Approval Committee emails:

Vice-President/Committee Co-Chair: Angela Belden angela@stumod.com

Committee Co-Chair: Sally Swanson – sal@socket.net

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