

MASTER GARDENER/MASTER NATURALIST VOLUNTEER QUESTIONS:

Why do you want to become a University of Illinois Extension Master Gardener/Master Naturalist?

Have you had any previous affiliations with the University of Illinois and/or Extension? Yes _____ No _____

Are you available for classroom training during regular daytime business hours? Yes _____ No _____

Are you available to volunteer time during regular daytime business hours? Yes _____ No _____

Are you employed? Yes _____ No _____

Have you been in another Master Gardener/Master Naturalist program? Yes _____ No _____ If so, where and when:

Have you been a volunteer in another Extension program? Yes _____ No _____ If so, where and when:

Describe your present and previous work experience: (List current or most recent experience first.)

EMPLOYER	JOB TITLE	YEARS

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS

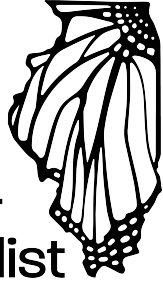
List skills, training and education:

There are many opportunities for volunteering in different programs. At this time you may be unsure about how you may volunteer. Please check all activities that interest you:

- _____ Talk to children about natural areas, environmental issues, conduct workshops, or interpretive tours with youth
- _____ Help develop/maintain demonstration areas
- _____ Assist with area restorations, plant control, collection of native seeds, plant propagation
- _____ Serve on programming or advisory committee
- _____ Assist with inventories
- _____ Serve as reference librarian
- _____ Write newsletter articles or news releases
- _____ Other _____

If you are accepted into the Master Gardener/Master Naturalist Program and you successfully complete the minimum hours of training, do you agree to fulfill the required hours of volunteer service in approved activities within 2 years following? Yes _____ No _____

Illinois
Master
Naturalist



County: Unit 26
Requestor's Name: Kim Rohling
Requestor's Email: kimrohli@illinois.edu
County Director: Lynn Heins
Volunteer Program: Master Gardener

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth:

Month

Day

Year

Sex:

"M" for Male

"F" for Female

"U" for Unknown

Race:

"W" for White (includes Mexicans and Latinos)

"B" for Black

"A" for Asian/Pacific Islander

"I" for Indian/Alaskan Native

"U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____

Date _____

University of Illinois * U.S. Department of Agriculture * Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
*The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.
(Submitting Email Address)

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

618-687-1612
kimrohli@illinois.edu
University of Illinois Extension
Kim Rohling
402 Ava Rd.
Murphysboro, IL 62966

(Address)

(City/State/Zip)



TALENT RELEASE FORM (ADULTS) / FORMULARIO DE LIBERACIÓN DE TALENTO (ADULTOS)

I, the undersigned, do hereby consent to the use by The Board of Trustees of the University of Illinois (“University”) of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the University or its Foundation.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either the University or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned, or that I am the parent or legal guardian authorized to sign on behalf of a person under age 18. I further attest that I have read this consent form and fully understand its contents.

The Undersigned represents my photo/video/Video/Photo/Audio release: of the following:

Yo, el suscrito, doy mi consentimiento a la Junta Directiva de la Universidad de Illinois (“Universidad”) de usar mi imagen, voz, o ambas formas descritas subsecuentemente 1) el video, fotografía, o audio descrito abajo; y 2) cualquier video, fotografía, o audio grabado producido en parte o en su totalidad del video, fotografía, o audio grabado descrito abajo; independientemente si este material es usado para recolección de fondos, relaciones públicas, propaganda, o cualquier propósito en nombre de la Universidad y la Fundación.

Yo garantizo que tengo todo el derecho y la autoridad de otorgar este consentimiento.

Además, yo renuncio a cualquier compensación o daños basados en el uso de mi imagen o voz, o ambas, ya sea por la Universidad o la Fundación. Yo renuncio de igual forma a cualquier derecho de inspeccionar o aprobar la fotografía o video o grabación una vez finalizado.

Yo entiendo que éste consentimiento es perpétuo, que yo no lo puedo revocar, y de igual forma esta vinculado a mis herederos y designados.

Yo garantizo que yo soy mayor de 18 años de edad y que yo soy competente y capaz de decidir en mi nombre éste consentimiento, o que soy el padre/madre o representante legal autorizado para firmar en nombre de una persona menor de 18 años de edad. Y también garantizo que he leído el consentimiento de manera complete y comprendo totalmente su contenido.

El abajo firmante representa el lanzamiento de mi fotografía/video/ Video/Fotografía/Audio: de lo siguiente:

Name and signature of talent (or parent/legal guardian if under 18):

Nombre y firma del individuo (o padre/madre o representante legal si es menor de 18 años de edad)

Printed Name / Imprimir Nombre

Signature and Date / Firma y Fecha



Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

University of Illinois Extension Master Naturalist Annual Volunteer Agreement

**Illinois
Master
Naturalist**



The intent of the agreement is to assure University of Illinois Extension Master Naturalist volunteers of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one. The purpose of University of Illinois Extension Master Naturalist program is to provide science-based educational opportunities that connect people with nature and help them become engaged environmental stewards. We encourage individuals to experience nature, develop knowledge of and respect for the environment, and practice natural resource stewardship.

In the capacity as a University of Illinois Extension Master Naturalist trainee/intern/certified volunteer, I understand and agree to:

- successfully complete all Master Naturalist core course training units.
- as an intern accomplish 60 hours of approved volunteer service within 2 years of completing training.
- comply with training, documentation, and certification requirements of the Illinois Master Naturalist program.
- as a certified Master Naturalist accomplish 30 hours volunteer hours and 10 hours of approved continued education annually.
- work with sponsors and partners to implement a Master Naturalist program of excellence in the community.
- consistently exhibit a professional manner to staff, other volunteers and the public.
- Make all reasonable effort to assure that natural resource information is accessible to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- use the title of Illinois Master Naturalist volunteer **only** when doing unpaid public service work through sponsored or approved programs. The title is not to be used to advertise names or places of business, nor to associate the Master Naturalist name with commercial products or give implied endorsements of any product or place of business.
- respect and abide by any policies or regulations of Master Naturalist sponsors and partners when engaged in programs at their facilities and natural areas.
- follow state and federal laws and regulations as well as the fiscal policies and guidelines of the University of Illinois, local Extension Unit and Master Naturalist sponsors and partners.
- abide by the Illinois Department of Agriculture licensing requirements for the application of pesticides when acting as a Master Naturalist volunteer.
- recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for termination as a Master Naturalist volunteer.
- refrain from using or possessing weapons, alcohol or illegal substances while participating in volunteer activities. Being under the influence of alcohol or illegal substances or possessing a weapon during Master Naturalist service may result in termination as a University of Illinois Extension Master Naturalist.
- provide my own transportation and pay my own expenses incurred as part of official volunteer activities. (Expenses may be tax deductible with proper documentation. Actual out-of-pocket expenses for supplies and materials provided by volunteers may be recovered through program or class fees charged to participants upon prior approval of program sponsor.)
- possess a valid Illinois driver's license and the minimum amount of state required automobile insurance if I will drive others as part of my approved volunteer role.

University of Illinois Extension, Illinois Master Naturalist sponsors and partners are expected to:

- Disseminate natural resource management information to the general public, nonprofit public, without regard to race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
- treat Master Naturalist volunteers with respect.
- provide appropriate equipment, training, supervision, and direction to volunteers.
- communicate expectations and responsibilities of the program to volunteers.
- uphold and cultivate a trustful relationship between staff and volunteers.
- provide continued education opportunities.
- strive to provide volunteer opportunities that are fulfilling and rewarding.
- strive to always show appreciation and recognition to volunteers for their service.
- foster opportunities for communication among Master Naturalists and their sponsors and partners.
- provide access to appropriate resource people and materials.
- provide a safe working environment while working with Master Naturalist sponsors and partners.
- match volunteer skills and interests with volunteer opportunities within Illinois.

I have read and understand this volunteer agreement. I am at least 18 years of age and have the full right and authority to execute this agreement. I further agree to abide by the conditions and behavioral expectations of this document. I understand that my failure to comply with these expectations may result in my termination as a University of Illinois Extension Master Naturalist volunteer.

Name (Please print)

e-mail address

Current Mailing Address (Street, City, State, Zip)

Home Telephone

Cell Phone

Signature

Date

In case of emergency:

Name _____

Phone _____

University of Illinois Extension Unit Representative:

Kim Rohling

Horticulture Educator

Name (please print)

Title

Signature

Date

University of Illinois at Urbana-Champaign, College of Agricultural, Consumer and Environmental Sciences

United States Department of Agriculture ♦ Local Extension Councils Cooperating

University of Illinois Extension and Master Naturalist sponsors provide equal opportunities in programs and employment.

Revised January 2013

**Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS**



Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____