



Diamond Lakes Arkansas Master Naturalists

P.O. Box 2186, Hot Springs, AR 71914

□

Thanks for your interest in the 2017 Arkansas Master Naturalist training program. Spaces are limited and will be filled in the order applications and payments are received.

Please type or print clearly and return your application and a check for \$165 made payable to DLAMN, to the address above. This fee includes training expenses of \$135 and \$30 annual dues for the year January 1, 2017 through December 31, 2017.

Name: _____

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____ T-Shirt Size: S M L XL 2XL 3XL

How did you learn about the Arkansas Master Naturalist program? _____

Occupation (If retired, former occupation): _____

Please describe your interest in the Arkansas Master Naturalist program: _____

Please list any organizations you are a member of or have volunteered with in the last two years:



Diamond Lakes Arkansas Master Naturalists

P.O. Box 2186, Hot Springs, AR 71914

Please note skills and interests that could be beneficial to the Arkansas Master Naturalist program. Skills may include computers, photography, secretarial, graphic arts, public speaking, specific knowledge, etc. Please include any training or education you have relative to Arkansas, its natural resources, or the outdoors.

Master Naturalists are currently involved in the following activities. Please rate your interest in each activity.

| | | (Circle one) | High | Medium | Low | None |
|-------------------------------------|----------------------------------|--------------|------|--------|-----|------|
| Education/Public Information | Trail Guide/Interpreter | | H | M | L | N |
| | Children's Programs | | H | M | L | N |
| Field Research/Surveys | Stream Team | | H | M | L | N |
| | Plant and Wildlife Census | | H | M | L | N |
| | Native Plant ID | | H | M | L | N |
| Outdoor Labor | Trail Construction | | H | M | L | N |
| | Greenhouse | | H | M | L | N |
| | Outdoor Projects | | H | M | L | N |
| Administration | Board Officer | | H | M | L | N |
| | Committee Chair | | H | M | L | N |
| | Record Keeping | | H | M | L | N |
| | Newsletter/Website | | H | M | L | N |

The Arkansas Master Naturalist program is a volunteer organization dedicated to educating its members and giving back to the community through volunteer work. In order to be an active, Certified Master Naturalist you must commit to provide 40 hours of volunteer service in the community, acquire 8 hours of continuing education training, and pay \$30.00 in annual dues.

By signing my name below I am stating that I am at least 18 years of age, understand the premise of the Arkansas Master Naturalist program, and intend to become an active, Certified Master Naturalist.

Signature

Date

For more information about our program, our mission and our activities, please visit our website at <http://wordpress.arkansasmasternaturalists.org/>