

# TEXAS MASTER NATURALIST™ PROGRAM

## CROSS TIMBERS CHAPTER

Texas AgriLife Extension Service  
PO Box 1540 • Fort Worth, Texas 76101-1540  
www.ctmn.org

This program is a collaborative effort between the Texas AgriLife Extension, Texas Parks and Wildlife, Fort Worth Nature Center & Refuge.

Dear Texas Master Naturalist Program Applicant:

We would like to invite you to become involved in an exciting program for the Fort Worth area - the CROSS TIMBERS CHAPTER of the Texas Master Naturalist Program. The mission of this program is to develop and certify a group of well-informed adult volunteers to provide education, outreach, and service dedicated toward the beneficial management of natural resources and natural areas within our ecosystem community.

This program will furnish participants with essential information and strategies to restore and conserve our indigenous species and habitats. Throughout the training classes, local experts will cover interesting topics about our natural resources and lead hands-on field trips to local ecosystems. Specific class and field trip topics are listed in the enclosed Class Schedule. Texas Master Naturalist trainees may select from a wide variety of approved local projects to volunteer their time. Projects may include habitat restoration, native plant rescues, prairie seed collection, school habitats, educational presentations, or projects of your own design.

To become a Certified Texas Master Naturalist of the CROSS TIMBERS Chapter, trainees must fulfill the following requirements:

Attendance at all training classes, including field trips

40 hours minimum of volunteer service on approved projects in Tarrant/Parker counties within a year and reported to timekeeper

8 hours of advanced training in approved classes within a year and reported to timekeeper

Payment of annual dues (dues for 2017 are included in class fee)

Signing of liability waiver and cleared background check

To maintain active status, Texas Master Naturalists must complete the following annually:

40 hours of volunteer service on approved projects and reported online.

8 hours of advanced training in approved classes and reported online.

Payment of dues in a timely manner

Signing of liability waiver and cleared background check [every three years]

Selection criteria include: Interest in the program, availability for volunteer service, and commitment to stewardship of our natural resources. A maximum of twenty-five applicants will be selected to attend the program. Upon selection, training classes will be held from 6:00 p.m. - 9:00 p.m. each Tuesday, starting August 23, 2016, at the Ft. Worth Nature Center & Refuge. If selected, you will receive confirmation and will be expected to send a check, the day you are selected, for \$150.00 to Cross Timbers Master Naturalists c/o Melinda Wofinbarger Pajak, 3900 White Settlement Rd Apt 41, Ft Worth TX 76107.

We thank you for your interest in the Texas Master Naturalist Program. We look forward to your participation in this educational and beneficial volunteer program. Application deadline July 27, 2016. You will be contacted no later than August 8, 2016 about the class.

Melinda Wofinbarger Pajak - Education Director 817-304-1998

# TEXAS MASTER NATURALIST™ PROGRAM APPLICATION

**CROSS TIMBERS CHAPTER**  
Texas AgriLife Extension Service  
PO Box 1540 • Fort Worth, Texas 76101-1540  
www.ctmn.org

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The application deadline is July 27, 2016. Please type or print clearly and **return your application to :**  
Cross Timbers Master Naturalists c/o Melinda Wofinbarger Pajak,  
3900 White Settlement Rd Apt 41, Ft Worth TX 76107.

***Please do not send application to PO Box address.***

NAME: \_\_\_\_\_ (As you wish it to appear on your certificate)

NAME: \_\_\_\_\_ (As you wish it to appear on your name tag--if different from above)

Gender: Male or Female

**MAILING ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_

Email ADDRESS (PRINT CLEARLY) \_\_\_\_\_

Occupation, if employed: \_\_\_\_\_

If retired, what was your former occupation? \_\_\_\_\_

1) Describe why you are interested in the Texas Master Naturalist volunteer program.  
(Use back if needed)

2) Please indicate any organizations of which you are a member, or have volunteered time during the last two years. Indicate the average number of hours you have volunteered for each organization on a monthly basis. (Use back if needed)

3) Please note your profession and/or skills or interests that would be helpful to the Texas Master Naturalist Program. (Skills may include computer, photography, typing, graphic arts, public speaking, teaching, specific knowledge, etc. If you are retired or work part-time, please include relevant training or education you have received relative to natural resources.) (Use back if needed)

**YOUR AREAS OF INTEREST:**

Please rate each area as **HIGH (H), MEDIUM (M), OR LOW (L).**

\_\_\_\_\_ **Education/Public Information**

\_\_\_\_\_ **Field Research/Surveys**

\_\_\_\_\_ **Administration**

\_\_\_\_\_ **Other: (explain)**

**CROSS TIMBERS Chapter of the Texas Master Naturalist  
Program VOLUNTEER PLEDGE:**

I understand that in exchange for the training made possible through the CROSS TIMBERS Chapter of the Texas Master Naturalist program, I will volunteer at least 40 hours of my time toward approved projects in Tarrant/Parker counties and complete 8 hours of advanced training within one year. I understand that I will become a Certified Texas Master Naturalist when I complete both the training and volunteer work and meet other requirements as required by CTMN. I also understand that to maintain an active status, I must complete 8 hours of advanced training and 40 hours of volunteer service each year thereafter and meet other requirements as required by CTMN.

This program is intended to serve people regardless of socioeconomic level, race, color, sex religion, disability, or national origin. We seek to provide reasonable accommodations for all persons with disabilities. Please advise us as soon as possible of auxiliary aid or service that you require.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(NAME PRINTED CLEARLY as you want it to appear on certificate)