

# Idaho Master Naturalist Program Enrollment Form

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**A. GENERAL INFORMATION** *(please print)*

Name:

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(LAST) (FIRST) (MIDDLE INITIAL)

Mailing Address:

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(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

County of residence \_\_\_\_\_

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**B. CONTACT INFORMATION**

Phone (please indicate which phone number is preferred):  
 Home ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_  
 Business ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone: ( ) Day ( ) Evening

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**C. DEMOGRAPHIC INFORMATION** *(Optional, for record keeping purposes only)*

Gender:  Female

Male

Race:

White

African American

American Indian

Hispanic

Asian

Multi-Racial

Date of Birth: \_\_\_\_\_

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**D. References**

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(Name) (Phone: Day & Night) (Relationship)

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(Street, Route, Box, Apt#) (City) (State) (Zip)

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(Name)

(Phone: Day & Night)

(Relationship)

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(Street, Route, Box, Apt#)

(City)

(State)

(Zip)

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**E. DRIVING INFORMATION**

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the state of Idaho?	<input type="checkbox"/>	<input type="checkbox"/>

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**F. BACKGROUND INFORMATION**

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered volunteer.)

Have you ever had any **criminal convictions** related to:

	Yes	No
a. alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
b. child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
c. spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>
d. elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any violation(s) of law?	<input type="checkbox"/>	<input type="checkbox"/>
If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" to any of the above, please describe.

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I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the Idaho Master Naturalist Program.

\_\_\_\_\_  
Signature, Volunteer Date

**G. PARTICIPANT AGREEMENT**

I understand that I am a participant of the Idaho Master Naturalist Program and will receive no financial compensation or benefits for assistance rendered in any capacity.

I agree to abide by all policies and procedures of the Idaho Master Naturalist Program and its sponsoring agencies.

I understand that I am responsible for my personal injuries and illness while participating in this program, and that I will hold the program and all joint and sponsoring agencies harmless. I understand that the Idaho Master Naturalist Program is open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status.

\_\_\_\_\_  
Signature, Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Chapter Advisor

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

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**H. MEDIA RELEASE**

Idaho Department of Fish and Game Idaho Master Naturalist Program periodically use photographs or video or audio footage or testimonials of program participants for local, regional, or state publicity or educational purposes. By my signature on this Volunteer Information form, I acknowledge receipt of this document and give permission for Idaho Department of Fish and Game and the Idaho Master Naturalist Program to use such reproductions for educational and publicity purposes.

\_\_\_\_\_  
Signature, Volunteer

\_\_\_\_\_  
Date

**Please print this form, sign it in the 3 indicated fields, and return it to:  
Idaho Department of Fish and Game  
Idaho Master Naturalist Program  
Attention: Sara Focht  
PO Box 25  
Boise, ID 83707**