

**TEXAS MASTER NATURALIST™**  
**VOLUNTEER POLICY RENEWAL**  
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**NAME** \_\_\_\_\_

\_\_\_\_\_ I understand and acknowledge that my volunteer service will be conducted only on project (Initials) approved by the Texas A&M AgriLife Extension County Agent and/or a participating Texas Parks and Wildlife employee, and /or the Chapter Volunteer Service Committee (or equivalent). Advanced training outside the chapter must also be pre-approved by the Advanced Training Committee (or equivalent).

\_\_\_\_\_ I understand and acknowledge that the local chapter in which I am certified or seeking (Initials) certification under may have training, advanced training and volunteer service requirements exceeding that of that state established minimum requirements and agree to uphold their locally set standards.

\_\_\_\_\_ I agree to faithfully fulfill my obligation as a volunteer participant of the Texas Master (Initials) Naturalist Program.

\_\_\_\_\_ I agree to present a positive public image that speaks well of the Texas Master Naturalist (Initials) Program and its statewide sponsors of the Texas A&M AgriLife Extension Service and the Texas Parks & Wildlife Department.

\_\_\_\_\_ I agree to actively participate as a team member with other individuals of the Texas Master (Initials) Naturalist Program.

I \_\_\_\_\_ I understand that as a participant in the Texas Master Naturalist™ volunteer program ("program") sponsored by the Texas Parks & Wildlife Department and the Texas A&M AgriLife Extension Service, I hereby release, **discharge, and agree to hold harmless** the program and its sponsoring state agencies, their agents, employees, officers and successors, from and against all liability, claims demands, and judgments which the undersigned, may have, or which my heirs, executors, administrators or assigns may have or claim to have against the program and sponsoring state agencies, their successors, employees, or officers for all personal injuries (including death), known and unknown or damage to property caused by or arising out of activities performed under the Texas Master Naturalist Program.

\_\_\_\_\_ Yes, I will be able to comply with the requirements listed above.  
(Initials)

\_\_\_\_\_ No, I cannot comply with the above policies and understand that I may not be certified or (Initials) recertified as a Texas Master Naturalist volunteer.

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Volunteer Pledge:

I understand and agree to uphold the above statements of the Texas Master Naturalist™ Program:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Chapter Affiliation \_\_\_\_\_

Mailing Address 1 \_\_\_\_\_

Mailing Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact in case of an emergency \_\_\_\_\_

Name, Relationship to you: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

This program is intended to serve people of all ages 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.