

Colorado State University Extension
2017 NATIVE PLANT MASTER® APPLICATION
Larimer County

APPLICATION DEADLINE is March 15, 2017. Email your application to Karen Crumbaker kcrumbaker@larimer.org or FAX to 970-498-6025, or mail to: 1525 Blue Spruce Dr., Fort Collins, CO 80524. **DO NOT SEND PAYMENT WITH YOUR APPLICATION.** If accepted, you will receive confirmation by April 1, 2017, including a total for fees that will be due by April 15, 2017.

Please PRINT:

Your Name: _____ Date: _____

Mailing Address: _____
Street City State Zip

E-mail address (required): _____ County of Residence: _____

Phone Number(s): _____

Please check the program you are applying for:

- Course only Participant.** Go to page 2 and complete Sections B, C, and D. Anyone may take a Native Plant Master course. There is no teaching requirement.
- Certified Native Plant Master Volunteer.*** Complete all sections. Volunteer openings are limited and selection is based on demonstrated ability to educate others. Accepted volunteers are required to educate others and must report educational contacts. A reduced fee is charged. **If contacts are not made by November 30, 2017, registrant will be billed for the fee difference.**

* To become a *Certified Native Plant Master volunteer*, one must:

1. Complete three Native Plant Master courses in this or future years, including passing field exams.
 2. Three different courses must be taken (i.e. held in different months or locations with different habitat types) in order to minimize overlap of plants covered. For example, if you completed a course in June at Soapstone Natural Area, you may not take another June course at the same location to earn your Certificate.
 3. Teach at least 20 people **per course taken** about Colorado plants and report public educational contacts to the Larimer County Extension Office by November 30, 2017.
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SECTION A: (Native Plant Master Program Volunteer Applicants Only. All others go to Section B)

Natural Resource Agency You Work or Volunteer For: _____

Your Title: _____ Are you an employee or a volunteer? _____

May we contact your supervisor to verify your involvement with this agency? ____ Yes ____ No

If yes, who may we contact?

Name Phone

In your current job or volunteer role, how many people did you educate in public programs last year?

SECTION B: (All Applicants) – Check the course(s) below you are applying for.

2017 Course Dates	Location	Times	Fee*	Check Here To Apply
May 5, 12, 19	Red Mountain Open Space, Wellington	9:00 am - 1:00pm	\$90*	
May 22, June 5, 12	Horsetooth Mountain Park, Fort Collins	8:30 am - 12:30pm	\$90*	
May 31, June 7, 8	Lory State Park, Fort Collins	8:30 am - 12:30 pm	\$90*	

* Accepted volunteers who educate others and report contacts pay \$60.00 per course.

Special Class: Grass ID				
May 29 (Memorial Day)	Pineridge Natural Area, Fort Collins	8:30 am - 12:30 pm	\$30	

SECTION C: (All Applicants)

Please list any previous Native Plant Master courses you have taken:

(Location and County) (Year)

A free keying and terminology class will be offered to all participants who would like to refresh their botanical knowledge and is required for those who have a minimal background in botany. The class will be held on April 27, 2017, 9:00 a.m. to 12:00 p.m., at the CSU Larimer County Extension office, 1525 Blue Spruce Drive, Fort Collins. RSVP is required.

SECTION D: (All Applicants)

If accepted in one or more Native Plant Master course, I agree to:

- Pay all fees and submit health form by April 15, 2017. **(Please do not send payment now.)**
- Adhere to all Native Plant Master Program guidelines, including the refund policy (full refund, less a \$15 processing fee, with 30 day prior notice).
- I, the undersigned participant, exercising my own free choice to participate voluntarily in Native Plant Master® courses, classes or volunteer activities (collectively, the “Activities”), and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the Activities and that I am aware of the hazards and risks which may be associated with my participation in the Activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, Colorado State University Extension, and their directors, officers, agents, employees and volunteers. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the Activities, regardless of whose fault may be the cause of my injuries or damages, **EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE**, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.
- Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System, Colorado State University, Colorado State University Extension, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at Activities.

- I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.
- I hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use photographs/digital images, videotape, audio recording or quoted remarks and educational or other PowerPoint or presentation materials of me or prepared by me for use in promotional or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Colorado State University Extension.

Signature

Date

Please check all that apply so we can demonstrate we are serving diverse audiences. Responses are anonymous and confidential.

- Gender** Male Female
- Race/Ethnicity** White, Non-Hispanic Black Hispanic Origin
 American Indian Asian Multi-Race