

Colorado State University Extension
NATIVE PLANT MASTER™ APPLICATION
Custer County

Please PRINT or TYPE to ensure our accuracy. **Applications are due to Custer County Extension by March 18.** Email your applications to Custer County Extension Office at coopext_custer@mail.colostate.edu or mail your application to P.O. Box 360, Westcliffe, Co. 81252 **PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION.** If accepted, you will receive confirmation by April 1, including a total for fees that will be due by April 15. **APPLY EARLY CLASSES FILL** Questions? Visit www.conativeplantmaster.org or call Custer County Extension Office at 719-783-2514.

Your Name: _____ **Today's Date:** _____

The following items are very important for communication with your trainer and NPM staff:

Your Mailing Address: _____

_____ Street _____ City _____ State _____ Zip _____
E-mail address: _____ **County of Residence:** _____

Work Phone: _____ **Home Phone:** _____

Mobile/Pager: _____ **FAX:** _____ **Are you at least 21 years old?** _____

Do you work with and/or educate others about native plants where you are currently employed? Yes _____ No _____

Would you have any interest in becoming a trainer to teach Native Plant Master courses in future years?

Yes _____ No _____ Not Sure _____

Please check below courses for which you are applying. You may apply for 1 or more courses. Fee is \$90 per course. All sessions are held from 8:30 a.m. to 12:30 p.m.

☐ **Take Course(s). Fee - \$90 per course.** Anyone may take Native Plant Master Courses, pending course availability. There is no teaching requirement

☐ **Native plant Master volunteer. Fee -Reduced to \$60 per course for volunteering to educate others and report contacts.** Complete all sections below. If contacts are not made by Dec. 31, you will be billed for the fee difference.

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

1. Complete three Native Plant Master Courses in this or future years including passing field exams.
2. By December 31st of the year each course is taken, teach at least 20 people about Colorado plants per course (60 people for 3 courses) and report on number of educational contacts you made.

SECTION A: (Native Plant Master Volunteer Applicants Only)

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? _____

Would you have any interest in becoming a trainer to teach Native Plant Master courses in future years?

Yes _____ No _____ Not sure _____

(Please see other side)

SECTION B: (all applicants)

Please check below courses for which you are applying. You may apply for 1 or more courses. You can take only one course at any one location. All sessions are held from 8:00 a.m. to 12:00 p.m.

| 2016 Course Dates | Location | Check Here If Applying | Note Dates You May Need to Miss |
|---|-----------------------------|------------------------|---------------------------------|
| May 14 th | DeWeese State Wildlife Area | | |
| May 21 st | DeWeese State Wildlife Area | | |
| May 27 th (or June 4 th) | DeWeese State Wildlife Area | | |
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***Courses will be filled on a first come, first serve basis. Space is limited to 10 students per course.

SECTION C: (All Applicants)**If accepted for one or more Native Plant Master course(s), I agree to:**

- Pay all fees by April 15. (Please do not send payment with this application; you will be billed with your confirmation if you are accepted by April 1st).
- Adhere to all Native Plant Master Program guidelines, including refund policies.
- Grant permission to Colorado State University Extension (CSUE), its employees or representatives to take and use photographs, videotape, digital images and/or audiotape to be used in educational or promotional 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 images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, video and audiotape shall be the property of CSUE.

 Signature

 Print Name

 Date
Please check all that apply so we can better serve diverse audiences:**Gender**☐ Male☐ Female**Race/Ethnicity**☐ White, Non-Hispanic☐ Black☐ Hispanic Origin☐ American Indian☐ Asian☐ Multi-Race