

Colorado State University Extension
YOUTH NATIVE PLANT MASTER® APPLICATION
FOR AGES 16 and 17

Applications are due to the Extension Office by March 18. Email your application to coopext_custer@Mail.Colostate.edu, FAX to 719-783-0908 or mail to: P.O Box 360, Westcliffe, CO. 81252. PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION. If accepted, you will receive confirmation by April 1st including a total for fees that will be due by April 15. Questions? Visit www.nativeplantmaster.org or call 719-783-2514

Please PRINT to ensure you receive course acceptance materials.

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

Student Current Age: _____ **Student Birth Date and Year:** _____

Parent/Guardian Name: _____ **County of Residence:** _____

Parent/Guardian Mailing Address:

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Parent/Guardian E-mail Address (required): _____ **Student Email:** _____

Parent/Guardian Cell Phone: _____ **Student Cell Phone:** _____

Parent/Guardian Work Phone: _____ **FAX:** _____

Please check the program for which you are applying:

☐ **Take Course or Class.** Go to page 2 and complete Sections B and C.

Anyone may take *Native Plant Master Courses or Special Classes*, on a space available basis. There is no teaching requirement. All those successfully completing 3 NPM Courses will receive a Colorado Flora Certificate.

☐ **Native Plant Master Volunteer.** Complete all sections below. Volunteer openings are limited and selection is based on demonstrated ability to educate others. If contacts are not made by November 15, registrants are billed for the fee difference.

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

1. Complete three *Native Plant Master Courses* in this or future years including passing certification exams.
2. Make a cumulative total of 60 educational contacts using information learned in NPM courses.
3. Report on number of educational contacts made and volunteer hours by November 15 each year.

SECTION A: (Native Plant Master Volunteer Applicants Only. All others go to Page 2.)

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 be interested in becoming a trainer to teach Native Plant Master courses in future years?

Yes ____ No ____ Not Sure ____

SEC. B: (All Applicants) - Check below courses for which you are applying.

| 2016 Course Dates | Location | Check Here If Applying | Note Dates You May Need to Miss |
|---|-----------------------------|---------------------------|------------------------------------|
| May 14 th | DeWeese State Wildlife Area | | |
| 21 st | DeWeese State Wildlife Area | | |
| May 27 th (or June 4 th) | DeWeese State Wildlife Area | | |
| | | | |
| | | | |

*Accepted volunteers who educate others and report contacts receive a 33% discount. Do not pay fees now.

There will be a Basic Botany Class on April 23rd.

**Basic Botany is optional but recommended for those taking NPM credit courses for first time or those wishing a refresher class.

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.

SECTION C: (Parent/Guardian must sign below.)

If my child is accepted for one or more Native Plant Master courses, I agree to:

- Pay all fees by April 15. (Please do not send payment now.)
- Adhere to all Native Plant Master Program guidelines, including refund policies.
- Carefully read the waivers below, and if I agree, sign to indicate my agreement with these waivers:

I, the undersigned parent/guardian of the child listed below, exercising my own free choice to allow my child to participate voluntarily in Native Plant Master® courses, classes or volunteer activities (collectively the “Activities”), 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 child’s 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, Jefferson County, 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 my child may sustain through his/her participation in normal or unusual acts associated with the Activities, regardless of whose fault may be the cause of my child’s 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, Jefferson County 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 child's 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.

Further, I grant permission to Colorado State University Extension, its employees or representatives, to take and use photographs/digital images, videotape, audio recording or quoted remarks, educational or other PowerPoint or presentation materials of my child or prepared by my child 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 child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I further agree that the media may contact me to speak with me regarding my child's involvement in CSU Extension activities. 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.

(Student Name – Please Print)

(Parent Guardian Signature)

(Date)

In order to help us best serve our participants and also help maintain federal funding for our program, please choose the category below that best describes your child. Responses are strictly confidential.

Gender

☐ Male

☐ Female

Race/Ethnicity

☐ White, Non-Hispanic

☐ Black

☐ Hispanic Origin

☐ American Indian

☐ Asian

☐ Multi-Race