

Colorado State University Extension
NATIVE PLANT MASTER® APPLICATION

Applications are due to the Extension Office by June 2, 2017 for the June Course and July 28, 2017 for the August Course. Email your application to mark.platten@colostate.edu or mail to: 800 Research Drive, Ste. 230, Woodland Park, CO 80863. PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION. If accepted, you will receive confirmation by June 5 for the June course and July 31 for the August course including a total for fees that will be due by June 9 and August 4 respectively. Questions? Call or email Mark J. Platten at 719-686-7961.

Please PRINT to ensure you receive course acceptance materials.

Your Name: _____ Today's Date: _____

Mailing Address:

_____ Street City State Zip

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

Home Phone: _____ Cell Phone: _____

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*, one must:

1. Complete three *Native Plant Master Courses* in this or future years including passing certification exams.
2. Make a cumulative total of at least 30 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 you 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.

2017 Course Dates	Location	Times	Requires Prior NPM Course	Fee*	Check Here To Apply	Dates You May Need to Miss
Native Plant Master Courses – Open to all: (Count towards NPM volunteer certification and Colorado Flora Certificate.)						
June 8, 2017	St. David’s Episcopal Church 36 Edlowe Rd, Woodland Park, CO 80863	8:00 – 12:30	N/A	*\$40 ** \$70		
June 9, 16, 23	Manitou Lake Meet at 800 Research Dr. outside suite 230	8:00 – 1:00	Botany is suggested	See above		
August 4,11, 18	Florissant Fossil Beds Meet at 800 Research Dr. outside suite 230	8:00 – 1:00	Botany is suggested	*\$40 **70		
Special Classes – Open to all: (Do <i>not</i> count toward NPM volunteer certification or Colorado Flora Certificate.)						
Still in the works. Stay tuned for more info.						

*Accepted volunteers who educate others and report contacts pay \$40 per course (3 classes and the optional botany class). Do not pay fees now.

** Those who are taking the courses for their own use and will not be volunteering pay \$70 per course (3 classes and optional botany class).

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

SECTION C: (Participant must sign below.)

If I am accepted for one or more Native Plant Master courses or classes, I agree to:

- Pay all fees by June 9 and August 4 respectively. (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 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, Teller 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 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, Teller 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 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 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 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 agree that the media may contact me to speak with me regarding my 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.

(Participant 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 you. Responses are strictly confidential.

Gender

Male

Female

Race/Ethnicity

White, Non-Hispanic

Black

Hispanic Origin

American Indian

Asian

Multi-Race