



Maryland Master Naturalist Application Form

American Chestnut Land Trust (ACLT)

Training Host Site: American Chestnut Land Trust

Mailing Address: P.O. Box 2363, Prince Frederick, MD 20678

Class Dates: February - June 2021

Class Times: Monday eve. 6-9 pm
plus 3 Field Trips (TBD)

Program Facilitator: Autumn Phillips-Lewis, ACLT Land Manager

email: landmanager@acltweb.org

Name *

First Name

Last Name

Name as you wish it to appear on your Master Naturalist name tag: *

Address *

Street Address

City

County

State

Zip Code

Cell Phone # *

Please enter a valid phone number.

Home Phone

Please enter a valid phone number.

Email *

example@example.com

Current Occupation

Former occupation, if retired

Emergency Contact Name *

Emergency Contact Phone # *

1. List any training or experience in environmental education, research, stewardship, or related areas. In what area(s), if any, do you specialize (e.g., native plants, forestry, management, etc.)? *

2. Why do you wish to take the Master Naturalist training? *

3. How do you plan to use the training you receive? What type of volunteer projects would interest you? *

4. How did you learn about the Master Naturalist program? *

5. Master Naturalist activities span a broad range of community service. If you are selected as a Master Naturalist trainee, will you be able to complete your 40 hours of volunteer service within one year of the last day of your volunteer training? *

Yes

No

If no, please explain.

6. Please rate your expertise in the following areas: *

	Experienced	Some Knowledge	None
Forestry Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wetlands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chesapeake Bay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lakes/Ponds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivers/Streams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphibians/Reptiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plants/Trees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natives/Invasives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation/Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please list any special skills you have that may be useful to the Master Naturalist program. *

Skill Level/Experience/Add'l Info

Graphic Design

Software Design

Website Maintenance

Data Entry

Editorial

Marketing

Art

Writing

Photography

Lesson Planning

Other Skills (specify)

8. Please list organizations or clubs in which you are active. *

9. Please list languages, other than English, in which you are fluent.

10. Check those with whom you prefer to work: *

- Youth
- Young Adults
- Adults
- Seniors

11. What kinds of volunteer projects would be the least comfortable for you to do? *

12. Classroom materials will be posted on our website. Do you have internet access? If not, is there someone who can assist you? *

13. Due to COVID-19, classes may need to be held virtually. Do you have the ability to participate in classes online? *

Work Experience: *

	Employer	Position or Title	# of Years
Current Job	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add'l Work Experience (optional)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Background: If you have special needs that we would need to plan for, please let us know:

Have you ever been convicted of, pled nolo contendere (no contest) to, or received a deferred or suspended sentence for a crime more serious than a parking or speeding offense in this or any other state, territory, or country? *

No

Yes

If yes, please give date, nature of offense, and disposition:

(A criminal record will not necessarily prevent an applicant from being a Maryland Master Naturalist; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. Give all the facts so that a decision can be made.)

References: List **three** people who have definite knowledge of your character and skills. Complete addresses are required. Do not list family members.

Reference #1 Full Name *

First Name

Last Name

Reference #1 Phone Number *

Please enter a valid phone number.

Reference #1 Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Reference #2 Full Name *

First Name

Last Name

Reference #2 Phone Number *

Please enter a valid phone number.

Reference #2 Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Reference #3 Full Name *

First Name

Last Name

Reference #3 Phone Number *

Please enter a valid phone number.

Reference #3 Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Authorization *



I authorize the Maryland Master Naturalist Program Facilitator to request and receive any background information about or concerning me, including, but not limited to my criminal history. I also authorize the Maryland Master Naturalist Program Facilitator to contact the listed references and to verify the information provided. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. If appointed as a volunteer, I agree to abide by the philosophies and policies of the Host Site, ACLT, as well as the Maryland Master Naturalist Program and to fulfill the volunteer responsibilities to the best of my ability.

Date *

Month

Day

Year



Signature

To submit this form:

Email to: landmanager@acltweb.org

Mail to: ACLT, P.O. Box 2363, Prince Frederick, MD 20678