

Native Plant Master® Trainer Application
Metro to Mountain NPM

We have an exciting opportunity for you: we are looking for NPM participants who would like to become volunteer NPM trainers (teachers) themselves. Teaching a NPM course or class can be a very rewarding way of spreading the word about native plants and our human connections to Colorado's ecosystems. It's a great way to cement and expand your knowledge. Plus, teaching NPM offerings counts toward the NPM educational contact and continuing education requirements.

We have two trainer options; please check *one or both* options below:

_____ **NPM Course Option – Teach Native Plant Master curriculum course(s).** These are the 3-session courses that are taken to become certified Native Plant Master.

_____ **NPM Class Option – Teach special class(es) using our curriculum or create your own e.g.:**

- Discover Wildflowers” for beginners using our curriculum at a location of your choice;
- Basic Botany class using our curriculum;
- Keying practicum to teach how to use a botanical key in the field;
- Individual family or genus e.g. orchids, grasses etc.; woody plants;
- Plant family characteristics;
- Ecosystem focus such as wetlands, subalpine/alpine etc.;
- Native plant landscaping;
- Invasive weed management.

Acceptance as a volunteer trainer is not a commitment to teach but is the first step if you would like to teach in the future. Criteria for selection as a NPM trainers include: 1) educational background, 2) demonstrated ability to teach science content in an engaging and interactive manner. An interview including a mini-presentation on a plant topic may be required. At the discretion of the local county, certification as a Native Plant Master may be required or waived depending on the individual's background.

Please PRINT to ensure our accuracy. Send to: Laura Pemberton at lpembert@jeffco.us, Jefferson County Extension, 15200 W. 6th Avenue, Unit C, Golden Co 80401 FAX 303-271-6644.

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

Your Agency/Organization (if any): _____

For this agency, check if you are: Volunteer: ___ **Staff:** ___ **Your Title:** _____

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

Your Email: _____ **Mobile Phone:** _____

Your Mailing Address: _____

Relevant education, institution and degrees conferred: (attach additional pages if needed):

Are you currently a certified Native Plant Master? _____ **Since?** _____

Teaching experience: (attach additional pages if needed):

Write in times when you are usually available in the appropriate boxes: (This is *not* a time commitment but just a general idea of when you might be available.)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Morning |
| Afternoon |
| Evening |

Please give the names of three references who are familiar with your teaching experience and have known you at least 2 years.

| Name | Relationship | Email Address | Phone number |
|------|--------------|---------------|--------------|
| | | | |
| | | | |
| | | | |

Have you ever been convicted of a criminal offense? NO YES

(If yes, explain) _____

Other than the above, is there any fact or circumstances involving you or your background that would call into question your suitability to serve as a volunteer working with adults or youth?

NO YES

(If yes, explain) _____

Volunteer Waiver

The information that I have provided may be verified by contacting persons or organizations named in this application. By signing below, I hereby release from liability any person or organization that provides information concerning me to the representatives of Colorado State University Extension. In signing this application, I affirm that the information I have given herein is true and correct.

If selected as a volunteer, I understand I serve at the request of the Colorado State University Extension Program. That request can be withdrawn for any reason or no reason at any time. Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

Liability Waiver:

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, 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 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, 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 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.

Photography Consent Form/Media Release:

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.

Signature: _____ Date: _____