

Colorado State University Extension
NATIVE PLANT MASTER™ APPLICATION

TRI RIVER AREA

Please PRINT CLEARLY to ensure our accuracy. Application due dates are listed below. Fax your application to 970-244-1700 or mail to Susan Rose, Tri River Area Extension, 2775 Hwy 50, Grand Jct., CO 81503. PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION. You will receive confirmation including a total for fees due. Questions? Visit www.conativeplantmaster.org or call 970-244-1841. See <http://coloradoplants.jeffco.us> for more information on native and non-native plants of Colorado.

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

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

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?** _____

Please check the program for which you are applying:

Take Course(s). Complete Sections A and C below only. Fee - \$100 per course.

To take *Native Plant Master Courses* without being required to teach others, one must:

1. Be accepted into one or more courses pending space availability.
2. Pay course fee(s).

Native Plant Master. Complete Sections A, B and C below. Fee - \$50 per course in return for volunteering to educate others and report contacts. To be eligible, one must:

1. Be a current employee or volunteer of an agency with an educational function.
2. Be accepted into the Native Plant Master Program; pay course fee(s).
3. Satisfactorily complete three Native Plant Master courses in this or future years including passing field exams.
4. Teach at least 20 people per year about Colorado plants, for each course taken (60 people if 3 courses are taken).
5. Report on the number of public educational contacts made. (Forms provided.)

SECTION A: (All Applicants)

Please check below courses for which you are applying. You may apply for 1 or more courses. All sessions are held from 8:30 a.m. to 12:30 p.m. Remember, to become a Native Plant Master, you must complete 3 different courses. Native Plant Master applicants must also meet the educational contact requirement of 20 contacts per course (i.e., 60 contacts if 3 courses are taken).

Course Dates	Location	Course(s) Wanted	Application Due By
April 23, 30, May 7 (Saturdays)	Colorado National Monument		April 1
June 3, 10, 17 (Fridays)	Black Canyon of the Gunnison		May 1
July 8, 15, 22 (Fridays)	Grand Mesa - Skyway		June 1

SECTION B: (Native Plant Master Certificate Applicants Only)

Natural Resource Agency You Work or Volunteer For: _____

Your Title: _____ **Are you an employee or a volunteer?** _____

Whom may we contact to verify your involvement with this agency? _____ **Yes** _____ **No** _____

Name

Phone or e-mail

In your current job or volunteer role, how many people did you educate in public programs last year (contacts)?

After completing 3 courses, would you have any interest in becoming a trainer to teach Native Plant Master courses in future years? _____ **Yes** _____ **No** _____ **Not Sure** _____

SECTION C: (All Applicants)

If accepted for the Native Plant Master Program, I agree to:

- Pay all fees as invoiced. (Please do not send payment with this application.)
- Adhere to all Native Plant Master Program guidelines.
- 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.
- Your contact information will be shared with other course participants, but not with the public. Carpooling arrangements are up to the participants.

Signature

Print Name

Date

In order to help us better serve diverse audiences and meet reporting requirements, we ask that you provide the information below (*optional*).
Please check all that apply:

Gender Male _____ Female _____

Race/Ethnicity	Asian or Pacific Islander <input type="checkbox"/>	Black, African American <input type="checkbox"/>	American Indian, or Alaskan Native <input type="checkbox"/>
	White, Caucasian <input type="checkbox"/>	Mixed race, Other race <input type="checkbox"/>	Hispanic Origin (Mexican/Latino) <input type="checkbox"/>

Thank you!