

**CONFIDENTIAL
INFORMATION**

**Illinois
Master
Naturalist**



Office use Only

Int _____
Ref _____
DCFS _____
Convictions _____
RSO _____
Driver _____
Approve _____

EXTENSION VOLUNTEER APPLICATION

(To be completed by volunteers in University of Illinois Extension Master Naturalist programs)

Name _____ E-mail _____
Last First Middle

Address _____
Street City State Zip

Date of birth _____
Month/Day/Year

Phone: Day _____ Evening: _____ Best time to call: _____

Why do you want to become a University of Illinois Extension Master Naturalist?

Have you had any previous affiliations with the University of Illinois and/or Extension? Yes _____ No _____

Are you available for classroom training during regular daytime business hours? Yes _____ No _____

Are you available to volunteer time during regular daytime business hours? Yes _____ No _____

Have you been in another Master Naturalist program? If yes, where and

when _____

Describe your present and previous work experience:

EMPLOYER	JOB TITLE	YEARS
_____	_____	_____
_____	_____	_____

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

List special skills, training and education:

Have you ever been convicted of a criminal offense? Yes ___ No ___ (If yes, please attach a sheet to explain.)
A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

I authorize the University of Illinois to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a U. of I. Extension employee of the unit for which I am volunteering (e.g., County Director).

Signature _____ Date _____

Optional Questions: The following information is being asked to help track our success in attracting a diverse population of volunteers. This information will NOT be used in assessing the applicant's suitability for serving as a volunteer.

Gender: ___ Male ___ Female

Residence: ___ Town under 10,000 or rural non-farm ___ Town/city of 10,000-50,000 ___ Farm

Ethnicity: (select 1) ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: (select one or more) ___ White ___ Black/African American ___ American Indian/Alaskan Native
___ Asian ___ Native Hawaiian/Pacific Islander ___ Other _____

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information.

Return to:
University of Illinois Extension
P.O. Box 604
515 E Vienna Street, Suite G
Anna, IL 62906

Attention: Master Naturalist Program

Revised 2013