

# Forms Compendium



## Galveston Bay Area Chapter Texas Master Naturalist Program

# **FORMS COMPENDIUM**

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**GALVESTON BAY AREA CHAPTER  
VOLUNTEER SERVICE PRE-APPROVAL REQUEST**

All volunteer service, unless executed through programs or projects pre-approved by the Chapter Board of Directors, must be submitted in writing to the Volunteer Service Director and receive approval before hours are accumulated. Programs and projects presented by Chapter sponsors and partners are automatically approved if they meet the criteria of the Galveston Bay Area Chapter.

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Title: \_\_\_\_\_

Training Location: \_\_\_\_\_

Program Date: \_\_\_\_\_

Organization Name & Phone #: \_\_\_\_\_

Instructor Name & Title: \_\_\_\_\_

Program Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Send Pre-Approval Request To:  
Texas Cooperative Extension  
5115 Highway 3  
Dickinson, TX 77539-6831  
Attn: GBAC-TMN

Date of Request: \_\_\_\_\_

or e-mail: Volunteer Service Director

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Pre-Approved or Denied by:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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Volunteer/Advanced Training Chairperson's Notes

**GALVESTON BAY AREA CHAPTER  
ADVANCED TRAINING PRE-APPROVAL REQUEST**

All advanced training and volunteer service, unless executed through programs or projects pre-approved by the Chapter Board of Directors, must be submitted in writing to the Chapter Training Director and receive approval before hours are accumulated. Programs and projects presented by Chapter sponsors and partners are automatically approved if they meet the criteria of the Galveston Bay Area Chapter.

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Title: \_\_\_\_\_

Training Location: \_\_\_\_\_

Program Date: \_\_\_\_\_

Organization Name & Phone #: \_\_\_\_\_

Instructor Name & Title: \_\_\_\_\_

Program Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Send Pre-Approval Request To:  
Texas Cooperative Extension  
5115 Highway 3  
Dickinson, TX 77539-6831  
Attn: GBAC-TMN

Date of Request: \_\_\_\_\_

or e-mail: Chapter Training Director

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Pre-Approved or Denied by:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
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Volunteer/Advanced Training Chairperson's Notes



**Galveston Bay Area Chapter  
Membership Transfer Form**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ TX ZIP \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Date of Certification**

- Are you a Certified Texas Master Naturalist? \_\_\_\_\_ Yes \_\_\_\_\_
- Are you currently a member of a Texas Master Naturalist Chapter? \_\_\_\_\_ Yes
- Are you transferring from another State? \_\_\_\_\_ Yes
- ***If Yes, please complete***

**Chapter Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, ST, Zip** \_\_\_\_\_

**State Requirement:** *The transferee brings a letter from the old chapter certifying that the transferee is a member in good standing, which includes paid dues. In addition, the letter should certify the number of volunteer service hours and advanced training hours, training or Certification that have been accrued during the current year.*

**Complete and Sign the Chapter Dues/Hold Harmless Agreement/Release Image and/or Voice Form**

- Galveston Bay Area Chapter Annual Membership dues have been assessed at \$20.00 per individual and due in January.
- Complete and Sign Hold Harmless Agreement
- Release for Use of Image and/or Voice Agreement
- Texas Cooperative Extension Youth Protection Standards Program Form

**Return Completed Forms to:**  
**Terry Jackson, Membership Chairperson**  
**Galveston Bay Area – TMN**  
**5528 Ave S**  
**Galveston, TX 77561**  
**Phone: 409-740-0847**

**Copy to:**  
**Julie Massey, Advisor**  
**Galveston Bay Area - TMN**  
**5115 Hwy 3**  
**Dickinson, TX 77539**  
**281-534-3413, ext. 22**



# Galveston Bay Area Chapter

Chapter Dues  
Hold Harmless Agreement  
Release Image and/or Voice

### Please complete for Membership Directory

NAME \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Birthday-*Month* \_\_\_\_\_ *Day* \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

TMN Certificate Date \_\_\_\_\_ Re-Certification Date \_\_\_\_\_

Transferred from another Chapter? Yes \_\_\_\_ Chapter Name \_\_\_\_\_

**Dues \$20.00** Date Paid \_\_\_\_\_ Dues are Payable by January 31<sup>st</sup>.

Check # \_\_\_\_\_ Cash/Receipt# \_\_\_\_\_

**Make checks payable to: Galveston Bay Area Chapter(GBAC-TMN)**

### Hold Harmless Agreement

Each member and any participating volunteer understands that in consideration of being accepted as a participant in the Texas Master Naturalist™ volunteer program ("program"), hereby releases, discharges, and agrees to hold harmless the program and its sponsoring state agencies, their agents, employees, officers and successors from and against the program and sponsoring state agencies, their successors, employees, or officers for all personal injuries (including death), known and unknown or damage to property caused by or arising out of activities performed under the Texas Master Naturalist™ program.

I hereby accept the **Hold Harmless Agreement** as stated above.

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

## GALVESTON BAY AREA CHAPTER RELEASE FOR USE OF IMAGE AND/OR VOICE

\_\_\_\_\_ **Yes**, I hereby authorize the Galveston Bay Area Chapter of the Master Naturalist Program, or its assignees, in partnership with the Texas Parks and Wildlife Department and the Texas Cooperative Extension, to record and photograph my **image and/or voice** for use in research, education, and promotional programs.

I understand and agree that these audio, video, digital, film, and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without the payment of fees, in perpetuity.

\_\_\_\_\_ **No**, I do not authorize the use of my image and/or voice



# Galveston Bay Area Master Naturalist Project Planning Tracker

Project Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Location \_\_\_\_\_ Time \_\_\_\_\_ # of Participants \_\_\_\_\_

Hours Apply  Volunteer Service \_\_\_\_\_  Advanced Training \_\_\_\_\_  
(Show number of hours for event) Hours Hours

Project Leader/Contact \_\_\_\_\_ Home Phone \_\_\_\_\_  
 E Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

| Description of Project   |
|--|
| (Who will benefit? What is the purpose of project? Does it meet GBAC-MN guidelines?) |
|  |
|  |
|  |
|  |
|  |
|  |

| Key Dates | Completed Date | Action | Delegated To |
|-----------|----------------|--------|--------------|
|           |                |        |              |
|           |                |        |              |
|           |                |        |              |
|           |                |        |              |

| Key Personnel  | Phone / E Mail Address            |
|--|-----------------------------------|
| Speaker / Speaker Fee<br><input type="checkbox"/> Yes \$ _____ | Name of Speaker                   |
| Photographer<br><input type="checkbox"/> Yes                   | Name of Photographer              |
| Facility Admission Fee<br>\$ _____                             | Name of Facility / Contact Person |





**Texas Cooperative Extension  
Youth Protection Standards Program**

4-H 2-1.056PS/BC (2004)

*Direct Volunteer Registration Form  
To be completed by volunteers working directly with youth  
in the Texas Cooperative Extension Programs*

|                          |                 |
|--------------------------|-----------------|
| _____                    | _____           |
| APPLICANT'S PRINTED NAME | COUNTY          |
| _____                    | _____           |
| PHONE NUMBER             | E-MAIL          |
| _____                    | _____           |
| CAMPUS/ISD               | OR ORGANIZATION |

Have you previously had a criminal background check done? \_\_\_\_\_

If yes, by who? \_\_\_\_\_ When (Year): \_\_\_\_\_

For what purpose? \_\_\_\_\_

Did you pass? \_\_\_\_\_ If not, what restrictions were imposed? \_\_\_\_\_

**Note:** If you are a school teacher who has been screened by your school district, a letter from administration attesting to all employees' having passed criminal background checks for employment can be submitted to the county Extension office as proof for all teachers involved as Texas Cooperative Extension volunteers.

If you have not been previously screened, please read the following, provide the requested information and sign. Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for Extension and the Volunteer Center to perform a criminal background search.

|                         |                                   |
|-------------------------|-----------------------------------|
| _____                   | _____                             |
| SOCIAL SECURITY NUMBER  | BIRTHDATE                         |
| _____                   | _____                             |
| DRIVER'S LICENSE NUMBER | GENDER (circle one) Male / Female |

Are you of Hispanic ethnicity? \_\_\_ Yes \_\_\_ No

RACE (circle one)  
White / Black / Asian / American Indian / Alaskan Native / Native Hawaiian / Pacific Islander

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, unfavorably affect my application. I understand that submitting false information in this application may result in my discharge. I hereby give my permission for Texas Cooperative Extension and the Volunteer Center of Dallas County to obtain information relating to my criminal history. I understand that this information will be used to determine my eligibility as a volunteer with Texas Cooperative Extension. I also understand that as long as I remain a volunteer here, they may repeat the criminal history records check at any time. I understand that I will have an opportunity to review my criminal history and that a procedure is available for clarification, if I dispute the record as received. I authorize Texas Cooperative Extension or any of its components to make reference checks relating to my volunteer service.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Volunteer Center of Dallas County and each of its officers, directors, employees and agents and hold them harmless from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims of negligence of the Volunteer Center of Dallas County) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature



## Galveston Bay Area Chapter

### Ballot Template

December xxxx

### Officer Election

(Please circle one candidate for each office)

|                       |              |                |                   |
|-----------------------|--------------|----------------|-------------------|
| <b>President</b>      | Mickey Mouse | Donald Duck    | Minnie Mouse      |
| <b>Vice President</b> | Underdog     | Polly Purebred | Simon Barsinister |
| <b>Secretary</b>      | Bugs Bunny   | Wile E Coyote  | Road Runner       |
| <b>Treasurer</b>      | Yogi Bear    | Boo Boo        | Ranger Smith      |

### Director Recommendations

(Please vote for one candidate for each office)

|                          |                 |                 |                |
|--------------------------|-----------------|-----------------|----------------|
| <b>Membership</b>        | Fred Flintstone | Barney Rubble   | Mr. Slate      |
| <b>Chapter Training</b>  | George Jetson   | Mr. Spacely     | Astro the Dog  |
| <b>Volunteer Service</b> | Boris Badenov   | Fearless Leader | Natasha Fatale |

### Other Matters

