Volunteer Application



2024 Training: Lane & Lincoln Counties

PROGRAM DESCRIPTION:

Woodland Acres Owned

Location of property (coordinates or address)

Do you have a Management Plan?

The Master Woodland Manager program is for small woodland owners. Priority will be given to applicants who own property or reside in Lane or Lincoln counties (occasionally, neighboring counties are allowed if space is available and at the discretion of the host agent). The maximum amount of MWM trainees in one class is 25. Because this is a high-level training, participants must have completed at least one previous training, such as the Basic Forestry Shortcourse. The MWM program is unique in that it requires a specific type of person who will fulfill the requirements of volunteer payback and represent OSU Extension positively. Because of this, the final decision of whether an applicant is chosen for the training is up to the FNR host agent.

Please return completed application by mail or email to your local Extension Agent:

Lane County: Lauren Grand lauren.grand@oregonstate.edu Lane County Extension Office 996 Jefferson Street Eugene, OR 97402 Lincoln County: Dan Stark dan.stark@oregonstate.edu Lincoln County Extension Office 1211 SE Bay Boulevard Newport, OR 97365

Years Owned

Yes

YOUR CONTACT INFORMATION		
First Name	Last Name	
Address		
City/State	Zipcode	
Phone	Email	
YOUR PROPERTY		

No

GENERAL INFORMATION

CENERAL IN ORMATION	
Briefly describe your woodland property and the nature and length of your involvement with it (tree species, age of stands, goals and objectives, family history with property,	
How have you gained your current forestry knowledge? That may include working with family members, formal study, other Extension programming, etc.	h/foi
What woodland-related topics are you most interested in learning about at this stage is your life?	in
Please list any skills and abilities (forestry-related or other) you think will contribute to your effectiveness as a volunteer:	

Do y	ou have any volunteer experience?	No	Yes		
If yes	s, please describe:				
How familiar or comfortable are you with computers and technology? This training is delivred in a hybrid format and does include using acomputer to access content.					
	I am capable and comfortable using a comp	outer			
I am somewhat capabale and comfortable using a computer					
	I rarely use computers or the internet and/o	r do <u>not</u> h	ave reliable access or service		
Plea	se share any other information here:				

Note: This information is for the use of the MWM instructors and will not be made public

Oregon State University Extension Service prohibits discrimination in all its programs, services, activities and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran's status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

When space is limited, this short version may be used. However, the full version is preferred.

OSU Extension Service prohibits discrimination in all its programs, services, activities and materials.



OSU COLLEGE OF FORESTRYMASTER WOODLAND MANAGER

ACCEPTANCE OF TERMS

hereby apply for the Master Woodland Manager program of Forestry Extension, a unit of the Oregon State University Extension Service. I agree to abide by the conditions and requirements as described in the program materials and as set forth below. I will serve as a volunteer for Oregon State University, but acknowledge that my role as a Master Woodland Manager does not make me an employee of OSU.

In exchange for the formal training received, I agree to return a period of volunteer service equal to the number of hours of training received. Volunteer service is to be completed within two years of completing the Master Woodland Manager training. I agree to provide volunteer service supporting woodland owners, conservation or civic groups regarding forestry and natural resources in my community and the region. I understand that the MWM program has reporting responsibilities to its sponsors, and agree to submit annual activity reports as required by the Master Woodland Manager program. I will use reasonable care in using the program's property and equipment. I agree to represent the Master Woodland Manager program as described in the program materials and further agree not to misrepresent myself as having skills or professional training beyond those provided in the Master Woodland Manager program. I agree to avoid conflicts of interest between my personal or business activities and clientele of the Master Woodland Manager program. Such conflicts of interest may include property transactions, timber transactions or the offering of goods or services while representing myself as providing volunteer services under the auspices of the Master Woodland Manager program.

Signature:	Date:
------------	-------



OSU COLLEGE OF FORESTRY

MASTER WOODLAND MANAGER MODEL AND INFORMATION RELEASE

I authorize Oregon State University (OSU), and those acting pursuant to its authority to: Record my name, likeness, voice, participation, comments, appearance or any combination of these; in audio/visual media, including, but not limited to, video, sound and photographic still imaging; or written material; on or around this date; on the following topic: Master Woodland Manager Training

These recordings, statements and written material may be disclosed to the general public for the purpose of publicizing and promoting OSU; in any medium, present or future, including but not limited to print, Internet, social media networks, direct public presentations, speeches, video or audio.

The institution may further release, exhibit, authorize the use of and distribute such recordings and materials, in whole or part, without restrictions or limitation throughout the universe, for any educational or promotional purpose which Oregon State University and those pursuant to its authority deem appropriate. I waive any right to inspect or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of such materials may often be made to, and used by the public news media or other entities over which Oregon State University has no control; and for which Oregon State University bears no responsibility.

I understand that Oregon State University is not responsible for the unauthorized use of my name, likeness, voice, printed or biographical material by these third parties, including, but not limited to the news media; web sites; downloading of images and videos from the Internet or social media networks such as YouTube, Facebook or Flickr; or other distribution networks that may be developed; now or in the future. I represent that: (i) unless signed by a parent or legal guardian below, I am at least 18 years of age; and (ii) I have read the above and fully understand it, and am knowingly and voluntarily executing this release without compensation.

Full Name (printed):	
Signature:	Date: