

2023 Missouri Archaeological Society Training Program

The Missouri Archaeological Society in partnership the U.S. Army Corps of Engineers, Kansas City District and the Center for Archaeological Research, Missouri State University is pleased to offer an archaeological-survey training program.

This hands-on program is free to all participants and will involve the training of members of the interested public.

The program will allow participation by individuals as young as 12 years of age. However, a legally responsible adult must accompany those of 12–17 years of age. The program is limited to 20 participants.



The program will be conducted at one or more pre- and post-contact sites near Stockton Lake on June 12–16.

Camping in designated (participants will be expected to share the site with other participants) camping spaces is available at no cost at the Cedar Ridge Campground. Some sites are electric, most are not. Cedar Ridge has bathroom and shower facilities. Participants will be responsible for cooking or obtaining their own meals at their own expense. Other lodging is available (at participant cost) in Bolivar.

The week will include instructional classroom activities, field survey, laboratory analysis, and recording of identified archaeological resources. The work week will be Monday through Friday from 8 a.m. to 4:30 p.m. Instruction will be by professional archaeologists.

The following items are recommended for all participants: pencils, backpack, camera, folding chair, insect repellent, sturdy shoes (work boots), sunscreen, wide-brimmed sun hat, and work gloves. We also require that participants wear long pants for fieldwork due to vegetation and terrain.

For those who are camping, the following additional items are recommended: tent, bedding, towels, cooking equipment, cooler, and any other items needed for comfort while camping.

Registration will be on a first-come first-serve basis. Please contact the MAS office at 417-836-3773 or mas@missouristate.edu with questions.

Registration forms will also be available on the MAS website at missouriarchaeologicalsociety.org.

To enroll, complete the enclosed application form and waiver and return to the MAS office:

*Missouri Archaeological Society
Missouri State University
901 S. National
Springfield, MO 65897
pho 417-836-3773
mas@missouristate.edu*

Once your registration is received, you will be notified as to your enrollment status and more details will be provided.

2023 PROGRAM APPLICATION

NAME _____ Email _____
Address _____
Home Phone No. _____ Cell Phone No. _____

If you are a minor, please provide contact information for the accompanying legal guardian:
NAME _____ Email _____
Address _____
Home Phone No. _____ Cell Phone No. _____

Person(s) to contact in case of an emergency:
NAME _____ Email _____
Address _____
Home Phone No. _____ Cell Phone No. _____
Relationship _____

Will you require a campsite? _____

MEDICAL INFORMATION:

Date of Birth _____ Tetanus Vaccination Date _____
Name of Physician _____ Phone No. _____
Health Insurance Company _____
Policy Number _____ Policy Holder's Name _____

Are you allergic to:

Bee/Wasp Stings _____ Poison Ivy _____ Other _____

Archaeological surveys typically require walking and hard work, often in heat and high humidity. Does your health/physical condition allow you to do such work? _____

If you have health/physical conditions that might require accommodation in the field, please specify:

Archaeological resources are the last surviving traces of people who lived before us. The archaeologist seeks to reconstruct the lifeways of these people from their nonrenewable material remains. This requires careful and hard work, as well as an attitude of respect for the people whose lives we seek to understand. Failure to maintain a respectful attitude will result in expulsion from the program.

I am aware that archaeological survey sometimes involves bad weather, insects, poison ivy, and other discomforts.

I understand that I will be camping with a group of people on government property and will behave in a respectful and ethical manner toward my fellow participants and the property owners; failure to do so will result in expulsion from the program.

I certify that the information contained on this application form is complete and accurate. I understand that any misrepresentation also may result in expulsion from the program.

Signature _____ Date _____

2023 Missouri Archaeological Society Training Program

AGREEMENT AND RELEASE

I, the undersigned, an applicant for the Missouri Archaeological Society (MAS) Training Program, do waive and release all claims against the MAS and its agents for any injury, loss, damage, accident, or expense incurred while participating in the program. I also release the MAS and its agents and agree to indemnify them, with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to the person or property of others that I may cause while participating in this program.

I understand that the MAS is not responsible for any injury or loss whatsoever suffered by me during periods of independent travel (which I understand may not be supervised) or during any absence from the program or other MAS-supervised activities.

I hereby grant the MAS and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection herewith. I authorize the MAS and its agents, at their discretion, to place me, at my own (or my parents'/guardians') expense, and without my further consent, in the hands of a medical doctor or in a hospital for medical treatment. If deemed necessary or desirable by the MAS or its agents, I authorize them to transport me back home or to another appropriate destination at my (or my parents'/guardians') expense for medical treatment.

I will comply with MAS and/or training program rules, standards, and instructions for behavior and will refrain from consumption of alcohol/drugs during the training sessions, including travel to and from the field area. I understand that this program is co-educational and will include participants of varying backgrounds and agree to conduct myself in a manner that respects the rights and feelings of all participants in the program. I further agree to conduct myself in such a way as not to violate the standards of the community in which we will be living and working and will comply with all instructions of the program director(s) on these matters.

I agree that the MAS or its agents shall have the right to enforce appropriate standards of conduct, and that they may at any time terminate my participation in the MAS program for failure to maintain these standards or for any actions or conduct that the MAS or its agents consider to be incompatible with the interest, harmony, comfort, well-being, or safety of other participants or local residents. If my participation is terminated, I consent to being sent home at my own (or my parents'/guardians') expense.

I understand that permission must be granted by the MAS or its agents to leave the field site or to engage in any independent/unsupervised activities at or away from the site. I hereby waive and release all claims against the MAS and its agents arising at a time when I am not under direct supervision of the MAS and its agents or arising out of my failure to remain under such supervision or to comply with such rules, standards, and instructions; and I agree to indemnify the MAS and its agents against any consequences thereof.

All references in this Agreement and Release to the "MAS and its agents" shall include Missouri State University and all of its governors, administrators, and staff as well as administrators, faculty, staff, and student supervisors directly associated with the training program.

I understand and agree to all of the terms and conditions outlined above. I further understand that this agreement shall become effective only upon receipt of my application by the MAS and shall be governed by the laws of the State of Missouri.

Signature of Applicant
Age _____

Date

I certify that I am the parent or legal guardian of the above applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I might have against the MAS or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the applicant, including without limitation any claim arising as a result of the applicant's leaving the supervision of the MAS or at a time when the applicant has left the supervision of the MAS.

Signature of Applicant

Date

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 54 <input type="checkbox"/> 55 and Older	
14. ETHNICITY & RACE (Optional): Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)	16. PHONE Home: Mobile:	17. EMAIL ADDRESS	
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE		
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. Description of service to be performed. Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.			
VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
25. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity.		
32. (NAME OF YOUTH)		
33. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
34. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true:		
<input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.		
<input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.		
<input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)		
35. Signature of Volunteer or Group Leader		Date
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
36. Signature of Government Representative		Date
TERMINATION OF AGREEMENT		
37. Agreement Terminated Date:		Total Hours Completed:
38. Signature of Government Representative:		
PUBLIC BURDEN STATEMENT		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
PRIVACY ACT STATEMENT		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		