

Public Archaeology Workshop

The Missouri Archaeological Society is partnering with the State Historic Preservation Office and Missouri State Parks, Missouri Department of Natural Resources, to offer another Public Archaeology Workshop on June 16–20, 2025.

It is estimated that less than 10% of Missouri State Park lands have been systematically surveyed for archaeological sites. This program will not only provide our members with hands-on archaeology experience, but it will also contribute to the preservation of Missouri's heritage. The 2025 workshop will be held at the undeveloped and beautiful Eleven Point State Park in Oregon County. This Park is not yet open, so this is a special opportunity to be a part of the creation of a new park.

The program is free to all participants and open to the interested public. Participants do not need to have prior archaeology experience. 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 workshop is limited to 15 participants.

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

Participants will have the option to stay at the Park in their own tent or RV/Camper (no hookups) or they may stay in an historic, unrestored stone house or an older bunkhouse onsite. These rustic lodging options are provided at no charge. The house and bunkhouse have electricity, bedrooms, and full bathrooms, and the bunkhouse has a full kitchen. Participants must provide their own mattresses or cots, linens, blankets, towels, etc. Room preferences in either of these structures will be based on order of application. Participants may arrive a day early to set up. Other lodging options exist in various campgrounds in the area.

Participants will be responsible for transportation to the park and their own food/meals. In addition to personal items, food, and bedding, it is recommended that attendees bring the following: alarm clock, backpack, camera, clothesline, folding chair, full-size fan with extension cord, insect repellent, sturdy shoes (work boots), sunscreen, swimsuit, toilet paper, wide-brimmed sun hat, and work gloves.

This Park is in a remote area in southeast Missouri. The closest town is Alton (15 miles), which has a grocery store, convenience stores, and a few restaurants.

Registration will be on a first-come first-served 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

Please join us in this opportunity to learn about archaeology and contribute to the preservation of Missouri's heritage.

To enroll, complete the enclosed registration form and waiver. Please return forms to the MAS office via mail or email to mas@missouristate.edu

Missouri Archaeological Society
901 S. National
Springfield, MO 65897

Once your registration is received, you will be notified as to your enrollment status and further details will be provided. Applicants will also be required to register as a State Park volunteer. Information on how to register as a volunteer will be provided once your registration is received. The State of Missouri will also require a basic background check, so participation will be subject to passing the background check.

This project is partially funded by a grant from the Missouri Department of Natural Resources, State Historic Preservation Office and the National Park Service, U.S. Department of the Interior. Grant awards do not imply an endorsement of contents by the grantor. Federal laws prohibit discrimination on the basis of race, religion, sex, age, handicap or ethnicity. For more information, write to the Office of Equal Opportunity, U.S. Department of the Interior, Washington D.C. 20240.

2025 SURVEY PROGRAM APPLICATION

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

If you are a minor, please provide contact information for the accompanying legal guardian

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

Person(s) to contact in case of an emergency

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

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 _____ Penicillin _____ Other _____
Do you regularly take medication or require medical treatment, please specify: _____

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: _____

Will you:

bring you own camper or tent _____
prefer a room in the stone house _____
prefer a room in the bunkhouse _____

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 often involves bad weather, insects, and other discomforts.

I understand that I will be sharing lodging and facilities with a group of people and will behave in a respectful and ethical manner toward my fellow participants and that 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 _____

Please note that obligations of the State shall cease immediately if the Missouri Legislature, the President or Congress fail to appropriate or otherwise make available funds for this project.

2025 Missouri Archaeological Society Survey Training and Site Recordation for Missouri Program

AGREEMENT AND RELEASE

I, the undersigned, an applicant for the Missouri Archaeological Society (MAS) Survey Training and Site Recordation for Missouri 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 _____