



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 HUMAN RESOURCES PROGRAM  
**SUMMER PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION**

**FOR OFFICE USE ONLY**  
 DATE RECEIVED

**REQUIREMENTS AND PROCEDURES**

**Applications are still being accepted**

**Students are financially responsible for:**

- Transportation to/from the interview
- Subsequent housing/other accommodations
- Transportation to/from work site

**SPDP will be responsible for:**

- Review and selection of applications and materials
- Notifying students of their status
- Coordinating and facilitating the interview process

**Applications and materials should be sent to:**

Michele Radney  
 Personnel Analyst  
 Missouri Department of Natural Resources  
 DAS – Human Resources Program  
 1101 Riverside Dr.  
 Jefferson City, MO 65102  
[michele.radney@dnr.mo.gov](mailto:michele.radney@dnr.mo.gov)  
 (573) 522-1503 / (573) 526-3878

**APPLICANT INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	
SCHOOL ADDRESS	CITY	STATE	ZIP CODE
HOME ADDRESS	CITY	STATE	ZIP CODE
COUNTY	PHONE NUMBER	E-MAIL ADDRESS	
SCHOOL NAME			

CLASSIFICATION:

- FRESHMAN    SOPHOMORE    JUNIOR    SENIOR    GRADUATE

MAJOR:

MINOR:

OVERALL GPA:

GENDER (OPTIONAL):  MALE    FEMALE

RACE (OPTIONAL):

- AMERICAN INDIAN    ASIAN/ORIENTAL    BLACK    HISPANIC    WHITE    OTHER

**The following materials must accompany this completed application form:**

- A brief statement on Why You Chose a Career in Natural Resources**
- A copy of your most recent transcripts**
- Two letters of recommendation - from your college advisor and a faculty member (see forms)**
- Release and Emergency Contact Form**
- A resume – send resume electronically to [michele.radney@dnr.mo.gov](mailto:michele.radney@dnr.mo.gov)**

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT

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

Date of Birth: \_\_\_\_\_

I give permission for the Missouri Department of Natural Resources to use photographs and/or video of me for use, reuse, publication and re-publication in part or in conjunction with any printed matter and all media for the purposes of recruitment, marketing or any other purpose. I also give permission to use my name and any statements made by me in connection with the Summer Professional Development Program and the Missouri Department of Natural Resources.

In the event of an emergency, I give the Missouri Department of Natural Resources permission to contact the following relative/guardian/friend/advisor:

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

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

SIGNATURE

DATE