Volunteer Registration Form

Thank you for your interest in volunteering for the Conservation Department

Name: ____________________________ Address: ____________________________

Home Phone: ______________________ E-mail: ____________________________

Preferred Activities (please check):
Δ Invasive-species  Δ Trails & Bridges  Δ Walks & Talks  Δ GIS/GPS  Δ Scientific Research
Δ Office Assistance  Δ Database Management  Δ Education & Outreach Materials

Availability:
When can you start? ____________ Days per month you would like to volunteer: ____________
Circle your preferred days: Mon Tues Wed Thurs Fri Sat  Hours Available: ____________

Please provide us with a brief explanation of your education, experience, or training which might make you especially suited to work on your preferred activitie(s).
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The following questions are intended to avoid unsuitable placement of a volunteer. Please circle Yes or No for each question.

- I am able and willing to do heavy physical work  YES  NO
- I DO mind getting my clothes and skin dirty  YES  NO
- I DO mind confronting insects, bees, and spiders  YES  NO
- I DO mind working near or in Poison Ivy  YES  NO
- I have pollen allergies  YES  NO
- I am patient with repetitive tasks  YES  NO
- I adapt easily to other’s eccentricities  YES  NO
- I am comfortable working without supervision  YES  NO
- I DO enjoy working with groups of people.  YES  NO
- I am bothered by working in heat or cold.  YES  NO

Signature: ____________________________ Date: ____________