



VOLUNTEER APPLICATION WATERSHED COMMITTEE OF THE OZARKS

Our Mission: "The mission of the Watershed Committee of the Ozarks is to preserve and improve the water supplies of Springfield and Greene County through education and effective management of the region's watersheds."

Name:	
Phone # (main)(alt.)	
Email Address:	Best way to reach you?
Address:	
Location and Date of Birth/	/
Do your drive? YesNoLicense #	State:
Do you have access to transportation if you do not o	drive? YesNo
In case of emergency while volunteering, please list	t someone we may call on your behalf.
Name:	Relationship:
Telephone:(daytime)	(evening)

At which of the following volunteering levels are you interested in participating: (please checkmark)

- □ An event volunteer participating in one or more single day events like a trail clean up.
- □ A **program volunteer** participating in the Adopt-A-Spring program
- □ A regular volunteer, committing to a project (like an internship) for a term with multiple work days

How much time are you able to commit as a volunteer for the Watershed Committee?

The Watershed Committee often has the need for volunteers with various outreach services, such as conferences, water festivals, and workshops. How would you feel about volunteering for these types of projects?

Which General volunt	eer work categories ar	e vou interested in?
□Botany	e	□Fish and Wildlife
Green building	□Master Naturalist Ca	apstone Project
□Natural Resources P	lanning	□ Tour Guide/Interpretation
□CASL Program from	n MSU	Research Projects
□Visitor Info	□Trail building	□Water Quality Monitoring
□Water Conservation	Geology	□Water Sampling
□Stream Teams	□Office/clerical	□Laboratory Water Analysis
□Forestry		-
Others:		

Please list qualifications/skills/experiences/education you have that might useful in your volunteer work? (Examples: carpentry, organizational skills, educational background, public speaking, etc.) **Note: It is acceptable, but not necessary, to supply a resume.

I authorize the Watershed Committee of the Ozarks (WCO), or its designated provider to perform a background security check to be eligible to begin a volunteer assignment with the WCO. I agree to hold the WCO harmless and in no event shall the WCO be liable to me for special, indirect or consequential damages for refusing to allow me to work as a volunteer due to information obtained from the background security check. I understand that my volunteer assignment is contingent on the results of the background security check.

Volunteer Signature:	Date:
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Please supply a valid drivers' license and insurance card to photocopy and attach to this form.