Nanticoke Watershed Alliance
Individual Volunteer Interest Form

Today’s Date: ______________________

Contact Information

Name: __________________________________________________________________________

Mailing Address: __________________________________________________________________

    (Street)    (City)    (State)    (Zip)

Home Phone Number: ____________________________  Cell Number: ____________________________

E-Mail Address: ________________________________

Preferred Method of Contact:  ___Home Phone  ___Cell Phone  ___Email

Do you use text messaging?  ___ Yes  ___No  If so, may we text you?  ___ Yes  ___No

Availability

Please mark what times you are available to volunteer

___ Weekday mornings (before 9 AM)  ___ Weekdays 9 AM – 5 PM  ___ Weekday evenings (after 5 PM)
___ Weekend days  ___ Weekend evenings (after 5 PM)

Please mark the amount of time you are able to dedicate to volunteering

___ 1 – 5 hours a week  ___ More than 5 hours a week

___ Sporadically for special projects or events

Interests

Please mark which areas you are interested in volunteering

___ Water Monitoring  ___ Park Restoration & Cleanup  ___ Hosting a Table at Special Events
___ Oyster Gardening  ___ Classroom Instruction  ___ Leading Tours/Field Trips
___ Administrative Tasks  ___ Grant Writing  ___ Tech Support

___ Other: __________________________________________________________________________

Special Skills or Qualifications

The Nanticoke Watershed Alliance is always looking for ways to use the special talents of our supporters! Please summarize

(Please turn over the page and fill out the remainder of the form.)
any special skills and qualifications you have acquired from education and training, employment, previous volunteer work, or through other activities, including hobbies or sports.

**Additional Questions**

How did you learn about the Nanticoke Watershed Alliance?

Why do you wish to volunteer with the Nanticoke Watershed Alliance?

**Photo Release**

I hereby grant permission to the Nanticoke Watershed Alliance to use my (or my child’s) photograph in printed publications or its website without further consideration. I acknowledge the Alliance’s right to crop or modify the photograph at its discretion. I acknowledge that the Nanticoke Watershed Alliance may choose not to use the photo at this time but may do so at its own discretion at a later date.

I agree to indemnify and hold harmless from any claims the following:

- Board of Directors, Nanticoke Watershed Alliance
- All Employees, Nanticoke Watershed Alliance

Signature: ___________________________________________ Date: __________

**Optional Information**

It is the policy of the Nanticoke Watershed Alliance to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The following information is simply for statistical purposes. In addition, one of our partner groups “Retired and Senior Volunteer Program” may be able to provide supplemental health coverage and mileage reimbursements for your volunteer activities if you qualify based on age (55 or over).

Gender:  ___ Male  ___ Female

Date of Birth: __________

Ethnicity:  ___ African-American  ___ Asian  ___ Caucasian  ___ Hispanic  ___ Native American  ___ Other

**Complete and return this form to Beth Wasden, Volunteer and Outreach Coordinator:**

Email: bethwasden@nanticokeriver.org

Mail: Nanticoke Watershed Alliance

P. O. Box 111

Vienna, MD 21869

Thank you for completing this form and for your interest in volunteering with us!