

Lower Shore Stewardship Institute

Application for 2012 Class



I. CONTACT INFORMATION AND PROGRAM REQUIREMENTS

Name _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Cell Phone: _____ May we text you? ___Y___N

Email Address: _____ Home Phone: _____

Classes will be held on Wednesday evenings and Saturdays during March and will include a final service project. Do you anticipate being able to attend all class sessions? If not, please explain. _____

Participants commit to volunteering at least 100 hours at participating organizations within a calendar year of completing classes. Can you commit to this level of volunteer service?

___YES___UNSURE

Please explain if you are unsure. _____

II. VOLUNTEER EXPERIENCES AND SKILLS

1. Please list any professional training, certifications, or skills that you have that may be beneficial to the class or to participating organizations.

2. Please describe your level of community or volunteer involvement.

3. Have you volunteered for any of the partner organizations? ___ YES ___ NO

If yes, which organization(s):

4. Are you currently volunteering at any other organization? ___ YES ___ NO

If yes, which organization(s):

III. BACKGROUND

1. What do you hope to gain from participating in this program?

2. What do you expect to give to this program or to participating organizations?

3. What was your most positive volunteer experience, and why?

4. What was your most negative volunteer experience, and why?

Please complete this form and return to Beth Wasden via email at bethwasden@nanticokeriver.org or via postal mail at Nanticoke Watershed Alliance, c/o Beth Wasden, P.O. Box 111, Vienna, MD 21869.

5. Are you fluent in any languages other than English? ___ YES ___ NO

If so, which? _____

6. Have you ever been convicted of a crime (excluding traffic offenses)? ___ NO ___ YES

7. Do you have any pending charges? ___ NO ___ YES

Please note that participating organizations may require a background check prior to accepting you as a volunteer for specific programs.

IV. REFERENCES

Please list three references. At least one should have supervised you in a professional (preferably volunteer) capacity.

1. Name: _____

Phone: _____

Email: _____

Relationship: _____

Preferred contact method: _____

2. Name: _____

Phone: _____

Email: _____

Relationship: _____

Preferred contact method: _____

3. Name: _____

Phone: _____

Email: _____

Relationship: _____

Preferred contact method: _____

V. EMERGENCY CONTACT:

Name: _____

Relationship: _____ Phone Number _____

Alternative Number: _____

Please complete this form and return to Beth Wasden via email at bethwasden@nanticokeriver.org or via postal mail at Nanticoke Watershed Alliance, c/o Beth Wasden, P.O. Box 111, Vienna, MD 21869.

VI. VOLUNTEER INTEREST INVENTORY:

Which volunteer opportunities are you interested in pursuing? Do you currently have skills in any of the categories?

Please check all columns that apply.

Opportunity Type:	Interested in:	Have skills:
1. Advocacy		
2. Computer or Website Programming		
3. Development		
4. Environmental Education		
5. Gardening		
6. GIS		
7. Land Monitoring		
8. Office Tasks		
9. Photography		
10. Program Development		
11. Public Speaking/Outreach		
12. Restoration		
13. Special Events		
14. Water Quality Testing		
15. Wildlife Monitoring		
16. Writing		
17. OTHER (Please list other interests and/or skills.) <hr/> <hr/> <hr/> <hr/> <hr/>		