



VOLUNTEER INTEREST FORM

Thank you for your interest in volunteering at ESLC!
We ask that you take a moment to fill out this form to help us fill your needs and expectations as a volunteer.

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (City) (State) (Zip)

(Mailing Address if different) (City) (State) (Zip)

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

Volunteer Activities

Please check the following items that interest you (skills and abilities required to complete these tasks, as well as descriptions of volunteer opportunities can be found at www.eslc.org)

- | | |
|---|--|
| <input type="checkbox"/> Administration Assistance (mailings, etc) | <input type="checkbox"/> Events Facilitation |
| <input type="checkbox"/> Collecting newspaper clippings | <input type="checkbox"/> Preserve Management* (trail maintenance, (invasive plant removal, debris pick-up, etc.) |
| <input type="checkbox"/> Community Outreach/Public Awareness (Annual Planning Conference and workshops) | <input type="checkbox"/> Other (Please describe): _____ |
| <input type="checkbox"/> Easement Monitoring* (minimum age of 18) | _____ |
| <input type="checkbox"/> Environmental Education | _____ |

**Please note that Easement Monitoring and Preserve Management require preliminary training, extended periods outdoors, and some physical labor.*

Availability

What time commitment are you willing to give to ESLC?

Please check day(s) and circle time(s) you would be available to volunteer.

Sun Mon Tues Wed Thur Fri Sat

All day (8:30am-4:30pm)

Part-time (8:30am-12pm; 11:00am to 2:30pm; 1pm-4:30pm)

Other: _____

Emergency Contact Information

Who should we contact in case of an emergency?

NAME _____

ADDRESS _____

DAY PHONE _____ EVENING PHONE _____

MOBILE PHONE: _____

How did you learn about ESLC?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> ESLC Staff |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Event (Name of event): _____ |
| <input type="checkbox"/> Member | <input type="checkbox"/> Other (Please specify): _____ |

Signature _____

Date _____

REQUIRED IF UNDER 18 YEARS OF AGE

I certify that my child, (name) _____ has my permission to serve as a volunteer for the Eastern Shore Land Conservancy.

Signature of parent or legal guardian: _____ Date: _____

Please complete this form and return it to:
Eastern Shore Land Conservancy
PO Box 169
Queenstown, MD 21658
EMAIL: jbraswell@eslc.org
Fax: 410 827- 5765

THANK YOU !