

# Volunteer Application



**Please complete both sides of application and return to: BCWC, P.O. Box 215, Osterville, MA 02655**

## Contact Information

Name	
Street Address	
City, State ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Availability

Please indicate the days and times you are usually available to volunteer.

- Weekdays                       Weekends  
 Mornings                       Afternoons

## Volunteer Interests

Tell us which volunteer opportunities most interest you.

- |  |  |
|--|--|
| <input type="checkbox"/> Herring Counter (April/May)               | <input type="checkbox"/> Community and Outreach Events             |
| <input type="checkbox"/> Estuary Water Sampling (June-Aug.)        | <input type="checkbox"/> Fundraising                               |
| <input type="checkbox"/> Pond & Lake Sampling (August/Sept.)       | <input type="checkbox"/> Development                               |
| <input type="checkbox"/> Streamflow Monitoring (weekly/year-round) | <input type="checkbox"/> Equipment and Maintenance                 |
| <input type="checkbox"/> Marine Invasives Monitoring (June-Sept.)  | <input type="checkbox"/> Paddle for the Bays RACE Cape Cod (Sept.) |

## Special Skills and Experience

List any special skills and experiences you have that you would like us to know about from employment, previous volunteer work or other activities.

(OVER)

### Previous Volunteer Experience

Summarize any previous volunteer experience.

--

### Person to Notify in Case of Emergency

Name	
Street Address	
City, State ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with Barnstable Clean Water Coalition. We will notify you of the status of your application in a timely manner.



Barnstable Clean Water Coalition  
P.O. Box 215, Osterville, MA 02655  
508.420.0780 \* [info@bcleanwater.org](mailto:info@bcleanwater.org) \* [BCleanWater.org](http://BCleanWater.org)