



Date: _____

GREAT SWAMP WATERSHED ASSOCIATION

Volunteer Profile

Welcome Volunteer!

Please tell us a bit about yourself so we can help find an opportunity you will thoroughly enjoy!

First name _____ Last Name _____

Organization: (for groups) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ email: _____

Name of Spouse: _____ Age: Under 12 12-18 18-60 60+
(please circle)

Are you a member of the GSWA? _____

Your Interests

Please check the volunteer positions that interest you.

Education

- Community Outreach Events
- Watershed Model School Program
- Educational Program Help
- Educational Website Help

Watershed Management

- Stream Monitoring (Training required. 14 yrs & older)
- Reforestation and Restorations
- Advocacy Support, Community Issues

Property

- Carpentry (18 yrs. and older)
- Maintenance/Gardening
- Deer Exclosure Monitoring (CMA)
- Trail Building (CMA)
- Scout Projects

Communication/Fund Raising

- Office Assistance
- Grant Research
- Annual Gala
- Volunteer Coordination
- Public Relations/Writing
- Computer/Data Entry
- Graphic Design
- Photography

Internship or Community Service:

High School: _____ College: _____ Court Ordered: _____ Other: _____

Timeframe: _____

Project Ideas/Requirements: _____

MORE →

More About You!

Days/Hours you are available:

Weekdays_____ Weekends_____ Time? _____

Would you be interested in working at home? Yes_____ No_____

Can you be called for help on short notice? Yes_____ No_____ How much notice do you need? _____

Educational Background:

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Degrees Received: _____

(please circle last completed grade) College _____

Occupation: _____ Are you retired? Y ____ N ____

Employer/Former Employer: _____

What are your interests, special skills and/or hobbies? _____

Have you volunteered with any other organizations? If so, which ones? _____

How did you learn about the Great Swamp Watershed Association? _____

Why would you like to volunteer at the GSWA? _____

Do you have any medical conditions that we might need to be aware of? _____

*The Great Swamp Watershed Association appreciates your kind offer of volunteer support.
If you have any questions, please call (973) 538-3500*

**Mail form to:
Volunteer Services
Great Swamp Watershed Association
PO Box 300
New Vernon, NJ 07976
fax: 973-538-5300**

Office Use:

Notes:

Contacted: __/__/__

Orien: __/__/__

Active: __/__/__

cc / input / follow-up / file

Sent to: _____ On: _____