

Stewards Volunteer Application
Pinniped Monitoring Program

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Current Volunteers in Parks Volunteer? YES NO

Which Programs? _____

Availability: (Be specific about days of the week and how many hours a day) _____

Attended Training? YES NO Date: _____

Have you read and do you understand the Duty Statement for this program? YES NO

Are you able to perform all the essential functions of the job without a need for reasonable accommodation? YES NO

If no, please specify what accommodations you need: _____

I give permission to Stewards to use my image in photos taken of me while volunteering for this project for promotion or reporting. YES NO

Emergency Contact: (Name and phone) _____

I understand that all data collected in conjunction with this project will be compiled for use by the Sonoma County Water Agency and may not be used for my personal use until it is made public. Reports will be distributed periodically by the Sonoma County Water Agency.

Signature: _____