



VOLUNTEER OPPORTUNITIES

Welcome Volunteer

Watershed Association Administrative Office Hours: Monday – Friday 8:30 a.m. – 5 p.m.
Buttinger Nature Center Office Hours: Monday – Friday 9 a.m.– 5 p.m.
Saturday Nature Center Shop: 10 a.m. – 4 p.m.
Special Events listed at thewatershed.org or in the Wellspring

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Age (please circle): 12-17 18-21 22- 49 50-69 70+

Are you a member of the Watershed Association? _____ Are you a member of the Honey Brook Organic Farm? _____

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

Are you fulfilling a community service obligation for school or other purpose? If yes, describe.

High School: _____ College: _____ Other: _____

Days/Hours you are available (Education Department uses Saturday volunteers): _____

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

Why would you like to volunteer with the Watershed Association? _____

Email, Mail or Fax this form to the appropriate contact below:

**Stony Brook-Millstone Watershed Association
31 Titus Mill Road
Pennington, NJ 08534
Fax: 609-737-3075**

CONSERVATION/PROPERTY

Contact: Bay Weber
bweber@thewatershed.org
609-737-3735 ext. 21

ADVOCACY

Contact: Jennifer Coffey
jcoffey@thewatershed.org
609-737-3735 ext. 18

SCIENCE

Contact: Amy Soli
asoli@thewatershed.org
609-737-3735 ext. 35

EDUCATION

Contact: Maryann Polefka
mpolefka@thewatershed.org
609-737-7592

ADMINISTRATION

Contact: Darlis Maksymovich
dmaksymovich@thewatershed.org
609-737-3735 ext. 10

(See next page)
VOLUNTEER AGREEMENT/RELEASE

In consideration of being allowed to take part in this volunteer activity, I agree to **release and hold harmless** the Stony Brook-Millstone Association, and their officers, employees and agents, from all liability from any harm or injury that I may incur as a result of participating in the Activity, excluding proven gross negligence by the Watershed Association.

I authorize the Watershed Association staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury or illness.

I understand that I may be subject to falls, slips, cuts and bruises, and may be at risk for this particular Activity.

Unless I indicate otherwise in writing, photographs, videotapes, digital recordings or audiotapes may be taken of me during the course of the Activity for use by the Watershed Association for publicity purposes. My full name and hometown is the only personal information about me that could be released by the Watershed Association in the use of the above-mentioned media. If you do not wish to have your photograph used please check the box here:

The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

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

Emergency contact name: _____

Emergency address: _____

Emergency home and work telephone numbers: _____

How did you hear about volunteer opportunities at the Watershed Association? _____

I swear or affirm that the information provided herein is truthful to the best of my knowledge.

Volunteer Signature

Print

Parental/Guardian Signature (if under 18)

Date: _____

Office Use:

Notes:

Contacted: ____/____/____

Orientation: ____/____/____

Active: ____/____/____

Cc / input / follow up / file



Your water. Your environment. Your voice.
thewatershed.org