

2025 Watershed Action Volunteer Application

Thank you for your interest in supporting our watershed! For coordinated volunteer roles with the Vadnais Lake Area Water Management Organization (VLAWMO), please tell us about yourself. Having a better sense of your background, skills, and the activities that most interest you as a volunteer helps us identify areas of involvement that will be a good fit.

*The information on this form will be kept confidential and will be utilized to help staff find the most satisfying and appropriate volunteer opportunity for you.*

Please email completed applications to **angela.hugunin@vlawmo.org**.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_ \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Preferred Volunteer Focus Area**

\_\_\_ Education and Demonstration

*Education campaigns, environmental behaviors demonstration, door hangers and similar outreach, workshop coordination, Local BMP Leaders (bee lawns, raingardens, etc.)*

\_\_\_ Partners and Collaboration

*Project kick-off and open house events, local tours, tabling and dispersing education materials at public events, photo gallery display, special school and community group efforts*

\_\_\_ Fieldwork

*Macroinvertebrate monitoring, aquatic invasive species (AIS) monitoring, adopt-a-raingarden, raingarden renovation, photography*

\_\_\_ Citizen Advisory or other

*Advising and input on* *website, communications, and operations, etc.*

**2. Background**

*Please briefly describe any previous volunteer experiences:*

*What strengths or skills do you bring that you feel would benefit our organization?*

**3. Customizations and Accommodations**

In the space below, please describe how your preferred focus area may be customizable for your needs and interests. VLAWMO will work with you to outline a meaningful, practical volunteer experience.

*What position customizations are needed to support you for a successful volunteer experience?*

*Do you have any special accommodations you’d like VLAWMO to know about?*

**4. Availability**

Please indicate days you’re most available (circle or highlight):MonTuesWed Thur Fri Sat

Month (start/end):

Year(s):

Times available: From \_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual hours willing to dedicate to volunteer role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Personal Reference**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Emergency Contact**

In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Volunteer Agreement**

*As a volunteer, I agree to abide by the guidelines and recommendations from VLAWMO staff when engaging with the public. I understand that I will be volunteering at my own risk and that VLAWMO, its employees and affiliates cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to represent VLAWMO as an organization, nor receive any monetary payment or reward.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print or type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_