LAKE GEORGE LAND CONSERVANCY
VOLUNTEER INFORMATION FORM

Date: ___________________

Name: _________________________________________

Address: _______________________________________

___________________________
(Please check which contact method you’d prefer)

Phone (home): ___________________

Phone (work): ___________________

Email:

Address (other/summer): _________________________

_______________________________________       Are you an LGLC member? ______

We want your volunteer experience at the Lake George Land Conservancy (LGLC) to be a satisfying experience, so please tell us about yourself by completing this questionnaire.

1. How did you hear about volunteering for the LGLC?
   ___________________________________________________________________

2. What do you hope to gain through your volunteer experience with the LGLC?

   ___ personal satisfaction               ___ community service               ___ meet new people
   ___ develop new skills                  ___ do a good deed                    ___ other, please specify:

3. How would you like to help?

   **In the Field:**
   ___ Preserve Steward                        ___ Trail Host
   ___ Group Work Days                         ___ Hemlock Monitor

   **As a Program Leader:**
   ___ Lead hikes or paddles  Where? _________________________________
   ___ Lead an indoor program  Do you have a topic? __________________

   **With Office Tasks/Special Services:**
   ___ Office assistance, general               ___ Grant writing/fundraising
   ___ Website/design/marketing                ___ Other: ____________________________

   **On a Committee or a Special Event:**
   ___ Conservation/Stewardship               ___ Events (Gala, Hike-a-Thon, etc)
   ___ Development (fundraising)               ___ Next Generation Committee

4. Please list special talents/hobbies/certifications (WFR, CPR, etc.)
   ___________________________________________________________________

5. Availability: (check all that apply)

   □ Evenings                  □ Weekdays                  □ Weekends                  □ Variable                  □ All
Specific dates/hours you are unavailable: ________________________________________________
What time would be best to reach you? ________________________________________________
Number of hours you wish to volunteer: ________________________________________________
Region you would prefer to work in (e.g. Ticonderoga, south basin): ________________________

6. In case of emergency, please tell us who we should call:

Name: ______________________________________ Phone: _______________________________

Relationship to you: _________________________________________________________________

Any health concerns we should be aware of? ____________________________________________

7. Please tell us a little bit about yourself (background, past experiences, etc.)

Other comments, suggestions?

Signature: __________________________________________ Date: ____________________________

Thank you!

Please mail to:  Lake George Land Conservancy
c/o Sarah Hoffman
P.O. Box 1250
Bolton Landing, NY 12814

Contact the LGLC: 518-644-9673, www.lglc.org, shoffman@lglc.org

FOR OFFICIAL USE

DR: ___________________ FUD: ___________________ Notes: ___________________________
DB#: ___________________ FUM: ___________________