



**Stream Program Volunteer
Internet Registration Form**

Either Email this form to: Brenda.weaver@schohariesoilandwater.org

Or Mail to:

Schoharie County SWCD, 173 S Grand Street, Cobleskill, NY 12043

Name _____

Address: _____

City: _____ State _____ Zip _____

Email address _____

Telephone Number: _____

Cell: _____

In Case of an Emergency: _____

Are you over 18 years of age*? Yes No

Types of Stream program activities I am interested in: (check all that apply)

- Tree and Shrub Plantings
- Water testing
- Stream Analysis
- Fund-raising/grant writing
- General office assistance

I am available for volunteer work:

- During the workweek Hours:
- On weekends only, Hours:

I have the following equipment that I can bring with me (waders, shovels, etc.) _____

Additional information you would like to provide about your volunteer work (optional): _____

* volunteers under 18 years of age must have a signed parents permission.