



# TOWN OF LINCOLN CONSERVATION COMMISSION

CONSERVATION DEPARTMENT  
16 LINCOLN ROAD  
LINCOLN, MA 01773  
781-259-2612

## Volunteer Registration Form

Thank you for your interest in volunteering for the Conservation Department

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

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Activities (please check):

- Invasive-species
- Trails & Bridges
- Walks & Talks
- GIS/GPS
- Scientific Research
- Office Assistance
- Database Management
- Education & Outreach Materials

Availability:

When can you start? \_\_\_\_\_ Days per month you would like to volunteer: \_\_\_\_\_

Circle your preferred days: Mon Tues Wed Thurs Fri Sat Hours Available: \_\_\_\_\_

Please provide us with a brief explanation of your education, experience, or training which might make you especially suited to work on your preferred activitie(s).

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The following questions are intended to avoid unsuitable placement of a volunteer. Please circle Yes or No for each question.

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|--|-----|----|
| ➤ I am able and willing to do heavy physical work  | YES | NO |
| ➤ I DO mind getting my clothes and skin dirty      | YES | NO |
| ➤ I DO mind confronting insects, bees, and spiders | YES | NO |
| ➤ I DO mind working near or in Poison Ivy          | YES | NO |
| ➤ I have pollen allergies                          | YES | NO |
| ➤ I am patient with repetitive tasks               | YES | NO |
| ➤ I adapt easily to other's eccentricities         | YES | NO |
| ➤ I am comfortable working without supervision     | YES | NO |
| ➤ I DO enjoy working with groups of people.        | YES | NO |
| ➤ I am bothered by working in heat or cold.        | YES | NO |

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