



North Olympic Salmon Coalition

Volunteer Application

Welcome to NOSC - we are so happy you want to volunteer with us!

Name _____

Address _____

City/State/Zip _____

Email _____ Phone _____

1. How did you hear about NOSC?

- | | |
|---|--|
| <input type="checkbox"/> Friend or family | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> NOSC volunteer, staff or Board | <input type="checkbox"/> Public outreach – If so, what event?
_____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Website | |

2. Volunteer Activities – Please check all the activities that interest you:

Restoration/Maintenance

- Tree planting
- Site maintenance (weeding, watering)
- Native plant nursery assistance
- Invasive species removal

Monitoring/Research

- Fish counting in streams (walking)
- Fish counting at traps (standing)
- Vegetation surveys
- Smolt trap installation
- Fyke net sampling

Outreach/Education

- Staffing booths @ festivals
- Helping with classroom visits & fieldtrips
- Giving presentations
- Leading streamside tours
- Helping with annual dinner

Organizational Support

- Office help - copy, file, mail
- Graphic design/marketing
- Website/database/tech support
- Become a Board Member!

3. Skills/Interests - I have the following skills to offer:

- | | | |
|--|--|---|
| <input type="checkbox"/> Biology/botany/ecology | <input type="checkbox"/> Legal expertise | <input type="checkbox"/> Photography |
| <input type="checkbox"/> GIS/GPS experience | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Educational experience |
| <input type="checkbox"/> Engine maintenance | <input type="checkbox"/> Accounting | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Carpentry / painting | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Irrigation installation | <input type="checkbox"/> Website support | <input type="checkbox"/> Administrative support |
| <input type="checkbox"/> Gardening/landscaping | <input type="checkbox"/> Database management | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Culinary arts | <input type="checkbox"/> Grant writing | |

4. **Schedule** - When are you available to volunteer? Please check all that apply.

- Weekly** Preferred day of week: _____ # of hours: _____
- Monthly** Preferred day of month: _____ # of hours: _____
- Seasonal** (ex. winter, spring, summer, fall)
- Event by event**, no regular schedule
- Don't know, let's find out!

5. Do you currently volunteer with any other organizations? Which ones? How often?

6. Do you have any physical or medical considerations we should know about?

7. Do you give us permission to use photos of yourself in our outreach materials? **Yes / No**

8. Anything else we should know before we put you to work?

Volunteer Signature: _____ Date: _____

Thank you! See you soon!

For Office Use:

App	DB	CC	WDFW	BC	Training	Gear	Filed