





MAINE SEA GRANT

Southern Maine Beach Profile Monitoring Program Youth Volunteer Registration Form

Name		Date			
Address					
Street City			State	Zip	
Phone ()	_ (
Email					
Date of Birth					
Do you hold a State of Maine driver's license?		□ Yes	□ No		
Do you have access to reliable transportation?		□ Yes	□ No		
How did you find out about our program?					
□ Word-of-mouth □ Website		□ News article/press release			
□ Flyer/pamphlet □ Social media		□ Other	·		
Please feel free to elaborate:					
Do you have any experience or relevant training no experience is necessary, it is just useful infor	_			ease note,	
Please briefly describe why you are interested i	n our	program:			
There are three basic roles filled by our volunte (More volunteer opportunities could become available in the			t all that intere	est you:	
□ Field Data Collector □ Field Data Record	ler	□ Digita	Data Entry		
			[Continue to	the back	







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Is there a time of the year that profiling once a				
□ Yes □ No If yes, when?				
When/how often are you available to volunteer?				
nderstand thatwishes to volunteer at the Wells Reserve and I				
hereby give my permission for them to serve in the	·			
provided with any training necessary for the safe of				
and that they will be expected to meet the require discussed during orientation.	ments of the position, including guidelines			
anscassed daring orientation.				
Youth				
Signature:	Date:			
Parent/Guardian				
Signature:	Date:			
Print:	Relationship to Youth:			
Devent / Countries Courte at Dhama Novachau				
Parent/Guardian Contact Phone Number				
*Please email completed applications to:				
So. ME Beach Profile Monitoring Program Volunteer Coordinator at bpvolcoord@wellsnerr.org	* Alternatively, completed applications can be mailed to ATTN: Volunteer Coordinator So. ME Beach Profile Monitoring Program 342 Laudholm Farm Road Wells, ME 04090			

Thank you for taking the time to fill out this form. You will be contacted within two weeks by our volunteer coordinator concerning this application.

