Squam Lakes Association

534 Route 3, Holderness, NH 03245 ~ (603) 968-7336 ~ Fax: (603) 968-7444 ~ www.squamlakes.org

Volunteer Interest and Information Form

Name: __________________________________________________ Date: ______________________

Primary Address: ______________________________________________________________________________

Phone: __________________________ E-mail: __________________________________________________________

Seasonal Address: _____________________________________________________________________________

Seasonal Address Dates_________________________________________________________________________

Volunteer Opportunities with the SLA

(Please check off all Opportunities interest you).

Conservation

{  } Water Quality Monitors – monitor an assigned section of the lake once per week during the summer months.
{  } Weed Watchers – scan the shallow sections of the lake for potential variable milfoil and other aquatic invasives.
{  } Loon Watch Volunteers – help monitor and protect loon chicks during the July and August nesting season.
{  } Boat Census Volunteers – contribute data to the SLA’s annual active and tri-annual static boat census count of
boat usage on Squam on the scheduled boat census date and time.

Recreation

{  } Trail Adopters – help maintain the SLA’s trails.

Education

{  } Youth Program Support – assist education staff in program preparation and site/trail checks for youth programs.
{  } Program Leader - lead a hike, talk or workshop.

Resource Center

{  } Office – help with SLA’s membership and annual appeal bulk mailings as well as other occasional office work.
{  } Store – help run the SLA gift shop during the busy summer season.

Special Events & Volunteer Work Days

{  } Winterfest, Annual Pancake Breakfast, Annual Meeting, Race for the Trails, etc.
{  } Annual Fall work Day (October)    {  } Annual Spring work Day (May)
### Availability

*(Circle Seasons or list months that you are typically available (you can also circle days of week if you wish).)*

<table>
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<tr>
<th>All Year</th>
<th>Summer</th>
<th>Spring</th>
<th>Winter</th>
<th>Fall</th>
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*Days of week that you are typically available to volunteer:*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

*Specific months or times you are available:*

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### About Yourself

*Do you have any hobbies or special skills that you are willing to share? (i.e. computer skills, carpentry, scientific, etc.)*

*Any other information that you would like to share?*

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### Legal Issues

_____ I am at least 18 years old

*For youth under the age of 18:*

_____ Youth ages 16 and 17 are required to provide a work permission slip signed by a parent or guardian.

*Background Checks*

Volunteers working directly with children (i.e. youth camp) are required to have background checks. The SLA staff will be in touch with more information if this is necessary.

*Criminal History*

Have you ever been convicted of a crime? If yes, please describe the nature of the crime.

_____ Yes  _____ No
References

Please give two names, phone number or e-mail addresses of two references who can speak about your professional, educational or volunteer background.

1. ________________________________________________________________________________
   ________________________________________________________________________________

2. ________________________________________________________________________________
   ________________________________________________________________________________

Please Sign and Date

Section 508:17 Volunteers; Nonprofit Organizations; Liability Limited.

I. Any person who is a volunteer of a nonprofit organization or government entity shall be immune from civil liability in any action brought on the basis of any act or omission resulting in damage or injury to any person if:

   (a) The nonprofit organization or government entity has a record indicating that the person claiming to be a volunteer is a volunteer for such organization or entity; and
   (b) The volunteer was acting in good faith and within the scope of his official functions and duties with the organization; and
   (c) The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the volunteer.

I agree to serve as a volunteer and commit to:
perform volunteer duties as outlined in my volunteer position description to the best of my ability;
To adhere to the SLA rules, policies, and procedures, including record keeping requirements and confidentiality of agency information;
To meet time and duty commitments or to provide adequate notice, so that alternate arrangements can be made.

Signature of volunteer: ______________________________ Date: _____________

Signature of SLA staff representative: ______________________________ Date: _____________

Please note: as an SLA volunteer your photo maybe used on our website, interpretive displays and in publications such as the Loon Flyer, e-newsletters and press releases. If you do NOT want your image used please let us know in writing and we will honor your request.
**Thank you!**

*Thank you for your interest in volunteering with the SLA and taking the time to complete this form. We will do our best:*

- To match your interests to the needs of the organization;
- To provide a clearly defined volunteer position description with appropriate supervision and direction;
- To provide adequate training and feedback and to be receptive to volunteer feedback;
- To respect the skills, knowledge and individual needs of the volunteer.