



rev. Aug 2016

Joshua's Tract Conservation and Historic Trust

VOLUNTEER INFORMATION FORM

Name _____

Street Address _____

Town _____ State _____ Zip _____

Phone _____ (H) _____ (W) _____ (C)

Email _____

In case of emergency, contact _____ phone: _____

Preferred Volunteer Activities: circle any/all:

Stewardship Volunteer Community Engagement Office Assistance Other

Let us know what skills and interests you have _____

Times you are available

Equipment you have that you are willing to use on projects:

Other information that might be useful to match your skills and interests with the needs of the Trust:

To volunteer for Joshua's Trust, you must be covered by health insurance in case of an accident or injury. Please check to indicate that you have insurance.

_____ Yes I have health insurance

Signature

Date

Thank you for your interest in Joshua's Trust! Please return to Joshua's Trust, P.O. Box 4, Mansfield Center, CT 06250 or email to andy.woodcock@joshuastrust.org.