



Johnson County Conservation Board Volunteer Application

Contact Information

Name:		Primary Phone :	
Street Address:		Secondary Phone:	
City, State, Zip:		E-Mail Address:	
Date of Birth:		Valid Driver's License:	

Emergency Contact Information

Emergency Contact:	
Relation to Contact:	
Primary Phone:	
Secondary Phone:	

Availability

Which days are you available to volunteer? Please check all that apply or specify availability.

☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Other _____

What time of day are you available?

☐ Morning ☐ Afternoon ☐ Evening ☐ Varies/Other _____

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> CEC Host | <input type="checkbox"/> Monarch Migration Monitoring |
| <input type="checkbox"/> Special Event Assistance | <input type="checkbox"/> Field/Trail Work |
| <input type="checkbox"/> Administrative Tasks | <input type="checkbox"/> Seed Collection |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Invasive Species Removal |
| <input type="checkbox"/> Filling Bird Feeders | <input type="checkbox"/> Environmental Restoration Tasks |
| <input type="checkbox"/> Bluebird Box Monitoring | <input type="checkbox"/> Water Quality Monitoring |
| <input type="checkbox"/> Youth Group Activities | <input type="checkbox"/> Rain Garden/Flower Bed Maintenance |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> _____ |

Special Skills or Qualifications

Please use the following space to list:

- Additional special skills and qualifications you possess.
- Previous volunteer work or relevant experience.
- Outdoor/Environmental activities and interests.



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Current/Past Employment

Employer:		Job Title:	
Address:		Dates of employment:	
Phone:		Reason for leaving:	
Duties:			

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Address:		Dates of employment:	
Phone:		Reason for leaving:	
Duties:			

References (Please provide 2)

Name:		Occupation:	
Address:			
Phone :		Relationship:	

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Address:			
Phone :		Relationship:	

Agreement on Volunteer Work

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations on this application may result in my dismissal. By submitting this application, I agree to submit to a background check and authorize the release of any information in regard to checking my background, criminal history, verifying my employment, and personal references.

Signature: _____ Date: _____

Please return to: Johnson County Conservation Board, 2048 Highway 6 NW, Oxford, IA 52322-9211
Or email to: Conservation@co.johnson.ia.us