



Volunteer Application: LAND STEWARD

Please take a few moments to fill out this application. For a detailed description of this opportunity, please refer to our website www.eslc.org.

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please give a brief description of your interest and/or experience relating to environmental, land conservation, land management, and/or field work.

What are your hobbies, special interests, and skills that you are willing to share as a volunteer? (Examples include photography, botany, gardening, birding, cartography, etc.)

EDUCATION

(Please check highest level attained)

- Some High School Courses
- High School Degree
- Associates Degree
- College Degree: Major: _____
- Graduate Degree: Major: _____
- Other: (Please describe below):

EMPLOYMENT HISTORY

Please complete the following job history, beginning with your present job if you are currently employed.

Company Name & Job Title	Dates	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTIVITY REQUIREMENTS

Volunteering as a Land Steward involves extended period outdoors (several hours), some physical work (walking farms, fields and forests), and preliminary training. You will receive training on conducting the site visit, proper interaction with landowners, and an orientation to field procedures and safety. Volunteer Land Stewards must meet the minimum age requirement of 18 and hold a valid Drivers License (ESLC does not provide transportation). Please answer the following questions:

Do you have the ability to perform the above functions? Yes No
Will you commit to 3 sessions of training? Yes No
Do you meet the minimum age requirement? Yes No
Do you hold a valid drivers license? Yes No
Have you been convicted of a crime? Yes No (if yes, please state the date of conviction and the nature of the offense as it pertains to this position)

VOLUNTEER REFERENCES

Please list two people not related to you, who know you well and can attest to your character and skills. Include complete information:

Name: _____ Phone: _____

Address: _____
Street City ST Zip

Name: _____ Phone: _____

Address: _____
Street City ST Zip

I authorize Eastern Shore Land Conservancy to contact the references listed above and to verify the information provided in this application.

Signature _____ Date _____

Please complete this form and return it to:
Eastern Shore Land Conservancy
PO Box 169
Queenstown, MD 21658
EMAIL: jbraswell@eslc.org
Fax: 410 827- 5765