

# STREAM STEWARDS APPLICATION

## APPLICANT INFORMATION

Name:

Phone:

Email:

Current Address:

City:

State:

ZIP Code:

## EXPERIENCE

1) What is your occupation?

2) Previous work, education, or volunteer experience:

<u>Employer/Organization/School</u>	<u>Position/Volunteer</u>	<u>Year(s)</u>

## INTERESTS AND SKILLS

Tell us your skills, interests, experience:

(Please check all items that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Fundraising/Donations | <input type="checkbox"/> Teaching                         |
| <input type="checkbox"/> Outreach Events        | <input type="checkbox"/> Graphic Arts          | <input type="checkbox"/> Research, Data Collection        |
| <input type="checkbox"/> Field Work             | <input type="checkbox"/> Grant Writing         | <input type="checkbox"/> Web Design                       |
| <input type="checkbox"/> Carpentry/Woodworking  | <input type="checkbox"/> Leadership            | <input type="checkbox"/> Writing, Editing                 |
| <input type="checkbox"/> Clerical/Office Skills | <input type="checkbox"/> Photography/Video     | <input type="checkbox"/> Other Skills ( <i>specify</i> ): |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Marketing             |   |
| <input type="checkbox"/> Facilitation           | <input type="checkbox"/> Public Speaking       |   |

## GENERAL QUESTIONS

1) Why do you want to be a Stream Steward?

2) What are you most interested in learning about during the training?

3) After reviewing the dates for the training (5 Tuesdays and 6 Saturdays, September 22 – November 3), are there any sessions that you will be unable to attend? Please explain.

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## GENERAL QUESTIONS CONTINUED

In lieu of tuition, Stewards are required to contribute 45 hours of volunteer service with Clark Public Utilities' StreamTeam or one of our partners. Please indicate one or more of the following you would be interested in participating in. (Details of these events will be provided during training.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Administration          | <input type="checkbox"/> Fundraising/Donations       | <input type="checkbox"/> Earth Day                      |
| <input type="checkbox"/> Special Events          | <input type="checkbox"/> Graphic Arts                | <input type="checkbox"/> Make a Difference Day          |
| <input type="checkbox"/> Planting                | <input type="checkbox"/> Grant Writing               | <input type="checkbox"/> Web Design                     |
| <input type="checkbox"/> Plant Propagation       | <input type="checkbox"/> Leadership Opportunities    | <input type="checkbox"/> Continuing Education Workshops |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Stewards Planning Committee | <input type="checkbox"/> Wildlife Monitoring            |
| <input type="checkbox"/> Service Learning        | <input type="checkbox"/> Newsletter                  | <input type="checkbox"/> Water Quality Monitoring       |
| <input type="checkbox"/> Home & Garden Idea Fair | <input type="checkbox"/> Public Speaking             | <input type="checkbox"/> Plant Survivability Monitoring |

How did you hear about the program? \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Do you prefer to work directly with: \_\_\_\_\_ Youth \_\_\_\_\_ Adults \_\_\_\_\_ Both  
 If youth, what ages? \_\_\_\_\_ 5-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ 13-19 \_\_\_\_\_ No preference

## HEALTH AND EMERGENCY INFORMATION

Name of a relative/preferred contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

## SIGNATURES

I understand that if I am accepted as a volunteer with the StreamTeam Stream Stewards Program I will be expected to attend all of the training sessions. At the completion of the training, I agree to complete a minimum of 45 service hours within the first year.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature if under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed application by September 15th.**

**Stream Stewards Program  
 Clark Public Utilities  
 P.O. Box 8900  
 Vancouver, WA 98668**

**[StreamTeam@clarkpud.com](mailto:StreamTeam@clarkpud.com) or fax 360-992-8027**

