



VOLUNTEER STEWARDSHIP APPLICATION

Appendix I

New York State Department of Environmental Conservation
Volunteer Stewardship Agreement (VSA)

Completed application(s) should be submitted to the appropriate DEC personnel responsible for the management of the lands or facility which you are interested in volunteering. Contacts can be found by accessing the Regional Office contacts webpage at www.dec.ny.gov/about/50230.html or by calling (518) 473-9518.

A. Applicant Information

Name: _____

(Print)

Address: _____

City, State, Zip: _____

Telephone: Home _____ Work/Cell _____

Email: _____

B. The activities of the Steward will be performed as (check one):

An Individual _____ An Organization* _____ A Group* _____

*If activities are to be performed as an organization or group, please indicate:

Group Name: _____

Group Address: _____

Your position or authority: _____

C. Location of the natural resource(s) and/or facility

Town(s): _____

County(s): _____

DEC Region(s): _____

DEC Management Unit(s): _____

Site/Facility Name: _____

D. Proposed activity/activities:

Please describe the activities you would like to perform as a Steward:

(Use additional sheets and attach as a part of this application, if necessary)

E. Proposed Term of Agreement (check most appropriate):

- one day, one week, season (give dates) _____,
- one year, ongoing (up to 5 years).

In addition to this application, it may be necessary to complete administrative forms and provide a copy of the by-laws or charter of the organization(s) or group(s) that are involved in the Volunteer Stewardship Program.

Applicant Signature: _____

Date: _____