



The mission of Saratoga PLAN is to preserve the rural character, natural habitats and scenic beauty of Saratoga County so that these irreplaceable assets are accessible to all and survive for future generations.

Please return completed volunteer application to:
 Saratoga PLAN
 112 Spring St. Rm.202
 Saratoga Springs, NY 12866
 Tele: (518) 587-5554 Fax: (518) 587-4054
 Saratogaplan.org

Questions or Comments?
 Phone: (518) 587-5554
 Email: info@saratogaplan.org



Thank you for your interest in volunteering. The information you provide on this volunteer application will be used to match your skills and interests with volunteer projects and will not be shared with any other organization or individuals outside of Saratoga PLAN.

Date: _____

Personal Information:

Name: _____ Preferred Phone (circle one) H, W, C: _____

Alternate Phone number (if needed): H, W, C: _____

Date of Birth: ____/____/____

Address: _____ Email: _____

Occupation: _____

Emergency Contact Information: Name: _____ Phone: _____

Relation: _____ Email: _____

Volunteer Interests:

Stewardship: Trail Maintenance, Parking area & kiosk care, boundary & trail marking

Office Assistance: Clerical work/filing, news article clipping, database entry, mailings, GIS mapping, illustrations or graphic design, fundraising

Special Events: Feast of the Fields, Annual Holiday Gathering, Water Chestnut Pulls

Educational Programs and Field Trips: birding, animal tracking, paddling, botany, photography and videography

Serve on a Committee: next gen, fundraising,

Other: Distribution of PLAN materials

Volunteer Availability:

Please check all that apply:

I can volunteer: 2-3 times a month Once a week 2-3 times a week As needed Other

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
All Day							

Matching Information:

General Interests, skills, talents, volunteer/relevant work experience, and hobbies: _____

Why are you interested in volunteering with Saratoga PLAN? _____

Do you have any physical condition(s) that may limit your volunteer activities? Yes No

If yes, please describe: _____

Do you have any allergies or dietary restrictions that we should be aware of?: _____

Education *(Optional):*

School	Date(s)	Degree	Location

Past Volunteer Experience *(please provide details) :*

How did you hear about Saratoga PLAN? : _____

Additional notes, comments or questions: _____

Other: _____

