CITY OF ALBUQUERQUE
OPEN SPACE DIVISION
OPEN SPACE VOLUNTEER PROGRAM
INFORMATION FORM

Badg No.: ______

Name: ____________________________ Date: ____________

Address: ______________________________________________________

City: __________________ State: __________ Zip Code: __________

Home Telephone Number: __________ Work Telephone Number: __________ Cell: __________

Email Address/Web page address: __________________________________________

Emergency Contact: __________________ Relationship: __________________

Address: __________________ Phone Number: __________________

Adopt-an-Open Space Volunteers:
Group Name: __________________

Area Adopted: __________________

Circle area(s) in Open Space you frequent most often:

Elena Gallegos  Sandia Foothills  East Mountains (please specify which area):

Rio Grande State Park (Bosque)  Petroglyph National Monument  Other areas (please specify):

Do you visit these areas to:

Hike  Bike  Ride horseback  Other:

Which volunteer activities are you most interested in?

___ Biological Monitoring  ___ Opening Parks

___ Clerical/Office Assistance  ___ Patrolling Trails

___ Crew Leader  ___ Resource Restoration

___ Data Entry  ___ Trail Maintenance

___ Graphic Design  ___ Visitor Information

___ Interpretation/Education Tours  ___ Other (please specify):

Continues on reverse side
Please describe any specific qualifications, skills, experience, or education that apply to the volunteer activities that you would like to do.

Have you volunteered before? Yes_______ No_______
If Yes, please describe your volunteer experience.

Please specify any physical limitations that may influence your volunteer work activities:
(The City of Albuquerque encourages participation in all programs and activities and does not discriminate on the basis of race, color, national origin, ancestry, gender, religion, age, or ability in employment or the provision of services, programs, or activities)

Volunteer Signature

Date