



Volunteer Information

Volunteer Name: _____ **Affiliation** _____
Lake Name: _____ **County:** _____
Mailing Address: _____
City, ST: _____ **Zip Code:** _____
Street Address (if different from mailing address): _____
Lake Management or Home Owner Association: _____
Water Management District: _____
Home Phone: _____ **Work Phone:** _____
Fax: _____ **Cell:** _____
E-mail: _____

NOTE: Information below this line should be filled out by a LAKEWATCH Regional Coordinator.

Status (P, CP, B, ML, CC, etc.): _____
Water body status (New, re-activated, replacement): _____
Water body type: _____ **Coast** _____ **Lake** _____ **Spring** _____ **River** _____ **Special**
 (If there are multiple types, please put station numbers for each type)
Date trained: _____ **Trained by:** _____ **Kit status:** _____
Directions to lake: _____

Latitude / Longitude source: _____ **Garmin GPS** _____ **Street Atlas**
 (Attach the latitude and longitude for each station)

Issues of concern: _____

Additional notes: _____

Collection Center: _____

PO Box 110600; 7922 NW 71ST St. Gainesville, FL 32611-0600
 1-800-525-3928; lakewat@ufl.edu; <http://lakewatch.ifas.ufl.edu>