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