

EAGLEWATCH VOLUNTEER REGISTRATION

NAME _____ DATE _____
ADDRESS _____ CITY _____ ZIP _____
COUNTY _____ EMAIL _____
HOME PHONE _____
WORK or CELL PHONE _____

ADDITIONAL INFORMATION

PLEASE CIRCLE/CHECK YOUR SELECTION WHERE APPLICABLE

1. Are you a member of Audubon of Florida? **YES** **NO** Chapter _____
2. Education: Current College Student High School College Degree Masters
Doctorate Some College Technical Training Other
3. Are you representing a: business environmental firm county agency state agency
federal agency private interest group wildlife rehabilitator
If checked, please identify _____
4. Your occupation _____
5. How did you learn about the Audubon EagleWatch program? Audubon of Florida
Newspaper article radio announcement other _____
6. Have you participated in the Audubon EagleWatch program before? **YES** **NO**
7. How much time can you commit to the Audubon EagleWatch program each month?
(minimum of 2 visits per month, at least 20 minutes per visit required) _____
8. Do you wish to monitor eagle nests only within the county in which you reside? **YES** **NO**
9. If no, what other counties are you willing to monitor? _____
10. How many nests are you willing to monitor? _____
11. Are you willing and able to scout out nests in remote and/or difficult terrain? **YES** **NO**

THANK YOU FOR YOUR INTEREST IN AUDUBON EAGLEWATCH!

Staff Use Only:

DATE OF WORKSHOP _____ LOCATION _____
NEST(S) ASSIGNED _____