



San Elijo Lagoon CONSERVANCY

Preserving, protecting and enhancing the San Elijo Lagoon Ecological Reserve and its watershed

DOCENT APPLICATION 2011

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone (home): _____ (mobile): _____

(work): _____

Email address: _____

Are you an SELC Member? Yes No If yes, how long?

How did you hear about San Elijo Lagoon Conservancy's Docent Program?

Why are you seeking to become a docent?

Educational background:

Professional experiences:

Hobbies, special skills, interests:

Volunteer experiences:

(OVER)

Days of the week you may be available to volunteer (please circle all that apply):

M Tu W Th F Sa Su

Number of hours you're interested in volunteering each week or month:

_____ hours weekly

_____ hours monthly

Age groups you most enjoy working with (circle all that apply):

Children Teens Adults

Emergency contact:

Name: _____

Phone: _____

Please return completed form to:
Tara Fuad | Education Director | tara@sanelijo.org
San Elijo Lagoon Conservancy | P.O. Box 230634 | Encinitas, CA 92023
| Phone: 760-436-3944 x701 | Fax: 760-944-9606 | www.sanelijo.org