

# 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 \_\_\_\_\_