Print

DAKOTA COUNTY
Wetland Health Evaluation Program (WHEP)
Volunteer Registration

*Thank you for your interest in the Wetland Health Evaluation Program (WHEP) in Dakota County. Please return the completed application by **mail** to Dakota County Water Resources Department, 14955 Galaxie Avenue, Apple Valley, MN 55124, or **fax** to 952-891-7588, or scan and **email** to paula.liepold@co.dakota.mn.us. If you have any questions, call 952-891-7117.*

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

PREFERRED VOLUNTEER LOCATION. (Please check one.)

☐ Apple Valley ☐ Eagan ☐ Hastings ☐ Mendota Heights ☐ South St. Paul

☐ Burnsville ☐ Farmington ☐ Lakeville ☐ Rosemount ☐ West St. Paul

DO YOU OWN WADERS? ☐ YES ☐ NO IF NO, WHAT SIZE DO YOU WEAR (i.e. shoe size)? _____

HOW DID YOU LEARN ABOUT WHEP? _____

ARE YOU CURRENTLY A WHEP VOLUNTEER? ☐ YES ☐ NO IF YES, FOR HOW MANY YEARS (include this year)? _____

GENERAL AVAILABILITY (Please check all that apply.)

Day: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Eve: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Comments regarding availability:

TRAINING (Please check the training sessions that you plan to attend. Training is not mandatory, but it is recommended. If you cannot attend a training session, please watch presentations and videos at www.mnwhep.org.)

1. Introduction and Field Methods Training

☐ Tuesday, May 20, 2014
Registration/snack 5:30-6 p.m.; Training 6-8:30 p.m.
Dakota Lodge, Dakota County Thompson Park
1200 Stassen Lane, West St. Paul

Meet your team leader and team members, learn field methods and protocols for macroinvertebrate and vegetation monitoring.

2. Macroinvertebrate Identification Training

☐ Saturday, May 31, 2014
Registration/breakfast 7:30-8 a.m.; Training 8 a.m.-12:30 p.m.
Rm 203, Heritage Hall, Inver Hills Community College
2500 East 80th St., Inver Grove Heights

Learn the macroinvertebrates found in wetlands and how to identify them using a MN Pollution Control Agency-authored guidebook.

3. Vegetation Identification Training

☐ Saturday, June 28, 2014
Normandale Community College
9700 France Ave. S., Bloomington

Learn the plants found in wetlands and how to identify them using a MN Pollution Control Agency-authored guidebook.

PARENT/GUARDIAN CONSENT FOR MINORS

I hereby give _____ permission to perform volunteer services for the Dakota County Wetland Health Evalulation Program. I understand that in the event of an emergency, you will attempt to contact me. I also give consent to take whatever emergency steps are necessary to safeguard the health and welfare of my child.

X_____ DATE _____

Parent/Guardian Signature

PHONE _____

APPLICANT DECLARATIONS FOR ALL APPLICANTS

Dakota County provides equal employment and advancement opportunities without regard to race, color, religion, creed, age, gender, national origin, marital status, disability, sexual orientation or public assistance status.

Pursuant to the Minnesota Government Data Practices Act, Minn. Stat. §§ 13.01-13.88, the following information provided in the application is considered private data: name, home address, home phone number, racial/ethnic data, age and gender (racial/ethnic data, age and gender questions are voluntary). This data is available only to County staff or agents of the county who have business reasons for use. My name will become public data when/if I am referred for consideration for volunteering with Dakota County. All other information I supply on this application, with the exception of private data indicated above, will become public data upon becoming a finalist for a volunteer position with Dakota County.

All statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. Misrepresentation or falsification of information or material omissions may result in rejection of current applications submitted or subsequent discipline up to and including dismissal from volunteering with Dakota County if discovered at a later date. Falsification or omission may also result in materials not being accepted for future volunteer opportunities.

I have read and understand the information contained in this application.

X_____ DATE _____

Applicant Signature

CONSENT FOR USE OF PHOTOGRAPHS/VIDEOTAPES

I, _____ , the undersigned volunteer, authorize Dakota County to take and disclose photographs of me for use in Dakota County publications or promotional materials or on the Dakota Countyand/or Wetland Health Evaluation Program websites for the purpose of highlighting Dakota County's functions,activities, and programs. Specifically, I agree to the following during the next year:

I agree to allow Dakota County to photograph me and publish my photograph in the Physical Development Division newsletter or in other county publications and promotional materials for the above-stated purpose.

I agree to allow Dakota County to photograph me and publish a photograph of me on the Dakota County website and/or the Wetland Health Evaluation Program website for the above-stated purpose.

I agree to allow Dakota County to videotape me and to publish the videotape of me, which includes my voice and my image, on Dakota County's website, on the Wetland Health Evaluation Program website, or in other county publications and promotional materials for the above-stated purpose.

I also authorize Dakota County to disclose my name with any photograph of me or videotape of me.

I understand that allowing Dakota County to photograph me, videotape me, and/or to use my name, and disseminate the photographs, the videotapes, and/or my name in the Dakota County publication(s) or the Dakota County promotional materials named above or on the Dakota County and Wetland Health Evaluation Program websites is completely voluntary and that I am under no obligation to release my photograph/image or my name with my photograph/image.

I understand that my photograph and my image are private data under State and Federal privacy laws. I understand that my photograph/image cannot be disclosed without my consent, unless otherwise authorized by law. I may revoke this Consent at any time in writing, however, revocation will not pertain to data released or obtained prior to the County's receipt of my written revocation notice at the address noted below. Unless I revoke my consent sooner, my permission to allow the release of the information specified above will automatically expire one (1) year from the date I sign this Consent.

X_____ Date _____
Signature of Volunteer

Printed Name of Volunteer

Department Volunteer volunteers in: Dakota County Environmental Resources Department – Wetland Health Evaluation Program

IF VOLUNTEER IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN SIGNATURE IS REQUIRED BELOW.

X_____ Date _____
Signature of Parent/Guardian