



Joshua's Tract Conservation and
Historic Trust
VOLUNTEER INFORMATION

Name _____
Last First Middle

Address _____

Telephone _____ email _____

In case of emergency, contact _____

Phone _____

List types of work you are willing to do:

List times you are available:

Skills/equipment:

To volunteer for Joshua's Trust, you must be covered by health insurance in case of an accident or injury. Please check to indicate that you have insurance.

_____ Yes, I have health insurance.

signature

date

Return to: Joshua's Trust, P.O. Box 4, Mansfield Center, CT 06250