

Illinois Volunteer Lake Monitoring Program Registration and Volunteer Status

Volunteer Information:

Name:

*E-mail:

Mailing Address:

City/State/Zip:

Phone Number: (Enter any phone numbers in which you would like to be contacted)

Work -

Home -

Mobile -

*** Please provide your E-mail address to create an account for the online data entry and retrieval system. An E- mail address is required in order to enter your lake(s) data online. You will still be required to mail completed Secchi monitoring forms to your Coordinator.**

As a participant in the VLMP, I represent: (check all that apply)

Private Citizen

Water Operator or Public Water Supply

Lakesresident not in a lake association

Lake Association (name of lake association)

Local government or district (specify)

Student (specify school/university) (specify)

Soil & Water Conservation District

Illinois Department of Natural Resources

Other (specify)

Lake Information: (Please fill out as completely and accurately as possible)

I am interested in monitoring (lake name) in County

Lake size: Acres Maximum depth: feet Average depth: feet

Latitude/Longitude: / Township/Range/Section: / /

Nearest Town:

Location Description:

Tier Selection & Training:

In which tier are you interested? Please see for more information.

Choose only one:

- Tier 1 Tier 2 Tier 3

(Participation in tier3 is subject to IEPA approval: annual training required)

Returning Volunteers (Tiers 1 and 2)

Staff resources and time permitting, would you like to be re-trained for:

- Secchi disk transparency monitoring? Yes No
 Water quality sample collection? Yes No

What days are you available for a training session? (Please circle all available days)

Training generally takes place between the hours of 9am and 4pm, starting no later than 2pm.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Would you or your organization be willing to host a centralized training session? Yes No

Comments, Questions and Equipment needs:

Please take a moment to let us know what you think about our program (good and bad). Your thoughts and comments are an important component to the enhancement and success of the program. What do you like? What do you not like? What do you wish we were doing? Also, please let us know if you have any questions or have equipment that needs to be replaced. All responses are appreciated!