Cambridge Water Department

**Fresh Pond Reservation**

# **Volunteer Project/Program Request Form**

 Date of Request                      Date of event

 Name of organization

 Address

 Contact Person

 Day Phone # Evening phone

 E-mail address

 Rain Plan: (If it rains during the scheduled time of the project, it is cancelled.) Do you have an alternate date in mind?

**Please describe the project/Program you would like to do**:

Number of adults Number of youth

Start Time End Time Rain date

**Resources provided by Fresh Pond Reservation**

* CWD Staff project Coordinator- Rangers Jean and Martine
* Hand tools, work gloves
* Additional drinking water to be added to water bottles the group brings
* First Aid Kit
* Tool and Plant Safety Talk
* Overview talk about the Reservation and how this volunteer project helps to preserve and protect the resource

CWD Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_