

VOLUNTEER APPLICATION FORM



Rivanna River Basin Commission
A CONFLUENCE OF INTERESTS

Instructions: Complete this form and send it to info@rivannariverbasin.org for consideration. Kindly do not call us - we will respond promptly to your email inquiry.

Name:

Address:

Phone (cell):

Phone (other):

Email:

How did you hear about the Commission?

Please describe why you are interested in volunteering for the Rivanna River Basin Commission.

What do you hope to achieve through working for the Commission?

How many hours a week can you devote to this position?

Please describe yourself, your academic and professional goals, and what special skills you would bring to the position.