

APPENDIX I

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

ADOPT-A-NATURAL RESOURCE STEWARDSHIP PROGRAM

APPLICATION

Participation in the Adopt-A-Natural Resource Stewardship Program is subject to:

- 1) Completion of this application.
- 2) Submission to the Department Office of the Respective Management Authority indicated below.
- 3) Review and approval by that office. The accompanying information on the program should be read carefully before completing this application.

Your Name: _____
(Print)

Your Address: _____

Telephone: Home _____ Work _____

The activities of the Steward will be performed as (check one):

An Individual _____ An Organization or Group _____

If activities are to be performed as an organization or group, please indicate its:

Group Name: _____

Group Address: _____

Your office or authority: _____

Please describe the activities you would like to perform as the Steward of a natural resource:

(Use additional sheets and attach as a part of this application, if necessary)

In addition to this application, it may be necessary to complete administrative forms and provide a copy of the by-laws or charter where formal organizations are involved.

This application should be submitted to the following DEC Office:

Applicant Signature: _____ Date: _____

**NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**ADOPT-A-NATURAL-RESOURCE STEWARDSHIP PROGRAM
PARTICIPANT LIST**

Agreement No: _____ DEC Contact Person: _____

Project/Property: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ ZipCode _____

City: _____ State _____ ZipCode _____

Phone Number: (_____) _____

Phone Number:(_____) _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ ZipCode _____

City: _____ State _____ ZipCode _____

Phone Number: (_____) _____

Phone Number:(_____) _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ ZipCode _____

City: _____ State _____ ZipCode _____

Phone Number: (_____) _____

Phone Number:(_____) _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ ZipCode _____

City: _____ State _____ ZipCode _____

Phone Number: (_____) _____

Phone Number:(_____) _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State _____ ZipCode _____

City: _____ State _____ ZipCode _____

Phone Number: (_____) _____

Phone Number:(_____) _____