



Save the Sound[®]

Action for our region's environment.

Water Quality Monitoring Volunteers

Join Save the Sound's annual summer water quality monitoring program and we will train you to be a member of our water monitoring team, collecting water samples and learning about which pollutants pose a threat to safe swimming or wildlife. Become empowered as a citizen scientist to get out into your local waterways to see if your water is safe for swimming and aquatic life.

Requirements:

- From June through August, volunteers must consistently commit to at least one weekday morning a week (Monday, Tuesday or Wednesday) for bacteria sampling.
- Save the Sound will provide training and all necessary supplies. Attending and completing the training is mandatory.
- Volunteers must provide their own transportation. NOTE: The monitoring locations have already been selected; no new locations are being added at this time. You can view the monitoring locations and historic data online here: <https://www.savethesound.org/what-we-do/healthy-waters/water-monitoring-fecal-bacteria/>

Save the Sound conducts testing in our lab for the fecal-indicating bacteria Enterococci, *E. coli*, and Fecal Coliforms as well as water quality parameters including dissolved oxygen, pH, turbidity, chlorophyll, conductivity, and temperature. EPA reviews our methods and quality control standards.

Save the Sound shares all of our data with the public in presentations, publications and on our website- <https://www.savethesound.org/>

The mission of Save the Sound is to protect and improve the land, air, and water of Connecticut and Long Island. We use legal and scientific expertise and bring people together to achieve results that benefit our environment for current and future generations.

To volunteer please complete the form on pages 2-3 and submit to pollution@savethesound.org



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Water Quality Program Volunteer Form

Please fill out **all** information requested on this form.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Primary Emergency Contact Name _____

Phone and Email _____

Secondary Emergency Contact Name _____

Phone and Email _____

Water sampling for bacteria analysis occurs **every week Mon-Wed, 9am-1pm** (June - September)

Please indicate day(s) available: Mon Tue Wed

Are you interested in wet-weather sampling*: Yes No

*Wet-weather sampling is conducted during/proceeding significant precipitation events. Sampling is coordinated through the lab but availability on volunteer's end must be flexible dependent on precipitation events.

There may be other volunteer opportunities available here at Save the Sound! If you're interested, please indicate availability:

Mon, Time: _____ - _____

Thu, Time: _____ - _____

Tue, Time: _____ - _____

Fri, Time: _____ - _____

Wed, Time: _____ - _____

Please also consider being a part of our [Citizen Watchdog Group](#). If you see sewage overflowing in your community please let us know by sending a photograph or video and the time and location of the overflow to pollution@savethesound.org



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Water Quality Program Release and Waiver of Liability

I, _____ (volunteer's name - *please print*) **release Save the Sound ("STS") from any and all liabilities incident to my involvement or participation in these projects, even if arising from the negligence of STS staff or other volunteers, to the fullest extent permitted by law.**

I knowingly and freely accept, as a volunteer for the STS, that there may be risks while working on any STS project. Gloves should be worn to minimize certain risks. I understand the need for safety on the site as I may be around open and polluted water and risk submersion or drowning and these conditions as well as debris may pose risks, including but not limited to loss or damage to my belongings, injury, illness or, in extreme cases, disability or death. I assume all such risks and full responsibility for my participation, and **I sign this release form freely and voluntarily without inducement.**

Medical Treatment: In the event of an emergency, I give permission to authorize personnel to carry out first aid procedures as may be necessary, and I permit such treatment to be carried out at and by the local hospital(s). I understand that any medical expenses will be billed directly to my insurance company or me.

Photographic Release: STS takes photographs and videos for use in outreach activities. I give permission to be photographed and videoed during STS programs and for the photographs and videos to be used in publications, on its website, in any social and traditional media releases and future presentations.

If Participant is Under 18: I am the parent or legal guardian of the above participant and he/she has my permission to participate. I have read and agree to the provisions and risks stated above for myself and the participant. Further, I understand and agree that the sponsors and organizers of the Event are not responsible for supervision of minor participants and that if I allow the above minor to participate without my supervision, I assume all risks from such participation. **Parent/Guardian must sign below.**

Are you/your child able to swim? Yes No

Medical Conditions? Yes* No

If you/your child have any pre-existing medical conditions that medical personnel should be aware of if treatment is necessary, please list in the space below

By signing below, I express my understanding of this Release.

Volunteer Signature (or parent/guardian if under 18)

Date

Printed Name (or parent/guardian if under 18)

I am interested in becoming a member

I want to join the 15,000 plus citizen network that is Saving the Sound