Volunteer Observer Application Form

Name: ___________________________________________ Date: _____________

Street Address: __________________________________________________________

City: __________________ State: _____ Zip: __________ County: _____________

Home Phone: ( ) ___________________ Daytime Phone: ( )____________________

E-mail Address: ___________________________________________ Daily Internet Access: Yes / No

Give a brief description of your map location (Latitude/Longitude if available): ___________________________ _____________________________________________

Nearest cross streets/roads: ____________________________________________________________

(Please use back of application to draw a map of your site, if located in a rural area – thanks!)

If 18 years or younger (optional for adults), please fill out the shaded section below:

Age: ________ Parent or Guardian Name: ______________________________

Grade: ________

How did you find out about this project? ________________________________

In order to participate in this project, you are strongly encouraged to attend a special 60-minute training session on measuring rain and hail. Dates, times, and locations are posted on our Web site.

You will need a high capacity 4” diameter rain gauge to participate in this network (other gauges not accepted)

☐ I already have this particular type of gauge.

☐ I will purchase one from www.weatheryourway.com or http://www.ambientweather.com/strglotepra.html

Rain gauge will be read and emptied daily at:

☐ 7:00 a.m. (highly recommended) ☐ 6:00 a.m. ☐ 8:00 a.m. ☐ Other time: _____________

It is important to the project that your rain gauge is read and emptied at the same time each day. We ask that when you are not at home please report your “accumulated amount” for the days that you are away.

If you or a family member would like to volunteer for additional network duties, check here:

☐ YES, I would like to help — Contact me!

I would prefer: ☐ On-line Training ☐ To attend a Training Session ☐ Walk-in Training

Please return this form to:

Local CoCoRaHS Coordinator

CoCoRaHS – Colorado Climate Center
Department of Atmospheric Sciences
Colorado State University - Fort Collins, CO 80523-1371

For Staff Use Only

Station Name: __________________________________________

Station Number: _______________________________________

Latitude: ____________ Longitude: ________________

Date Trained: __________ Date Station Num. Issued: __________

Date Received/Shipped Gauge: ______________

Date Contacted: ______________