

WNS AGENCY ASSISTANCE FORM

Project: Implementation of NM's Interagency White-nose Syndrome Response Plan

Name:	
Address:	
Phone:	
Email:	
Grotto or Affiliation:	

Please provide the following information so we can match your interests with the needs of the land management and wildlife agencies in New Mexico:

1. I'm interested in assisting the agencies with:

- SIGNING CLOSED CAVES
- FABRICATING CAVE GATES
- INSTALLING CAVE GATES
- MONITORING FOR WNS
- CONDUCTING PUBLIC OUTREACH ABOUT WNS
- DEVELOPING PRODUCTS TO EDUCATE THE PUBLIC ABOUT WNS
- OTHER: _____

2. I prefer to assist the following agencies:

- BUREAU OF LAND MANAGEMENT
- NATIONAL PARK SERVICE
- US FOREST SERVICE
- NEW MEXICO AGENCIES (DEPARTMENT OF GAME AND FISH, STATE LAND OFFICE, STATE PARKS, OTHER)
- ANY/ALL OF THE ABOVE

3. Using I-25 and I-40 to divide the state, I prefer to assist in:

- NORTHWEST NEW MEXICO
- SOUTHWEST NEW MEXICO
- NO PREFERENCE
- I WILL ONLY WORK IN SPECIFIC AREAS: _____
- NORTHEAST NEW MEXICO
- SOUTHEAST NEW MEXICO

4. I am interested in becoming an agency volunteer YES
(may allow for reimbursement of some expenses) NO