



# WONDERS OF WILDLIFE DOCENT ACTIVITY REPORT



Please fill in the requested information so we may have accurate records of your participation in the Wonders of Wildlife Program. This information is very important to us, as we use it to provide an in-kind match for our Aquatic Resources Education Program.

Please return your report(s) at least twice each year, by December 31 for fall programs and by June 20 for spring programs, to:

***N.H. Fish & Game Department, Public Affairs, 11 Hazen Drive, Concord, NH 03301***

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete the form using the following instructions:

1. Fill in date.
2. Fill in appropriate section(s) depending upon whether you attended a training session or gave a presentation (other side)
3. Fill in all TOTAL blanks.

**TIME KEY:**  $\frac{1}{4}$  = 0.25     $\frac{1}{2}$  = 0.50     $\frac{3}{4}$  = 0.75    1hr = 1.00

TRAINING							
DATE	LOCATION	SEMINAR TITLE	PREP TIME	TRAVEL TIME	PROG TIME	TOTAL TIME	MILEAGE ROUND TRIP

**TRAINING TOTAL TIME:**

**PRESENTATION**

**HABITS AND HABITATS**

<b>DATE</b>	<b>LOCATION</b>	<b>PROG TITLE</b>	<b>PREP TIME</b>	<b>TRAVEL TIME</b>	<b>PROG TIME</b>	<b>TOTAL TIME</b>	<b>MILEAGE ROUND TRIP</b>

**HABITS & HABITATS TOTAL TIME:** \_\_\_\_\_

**ENDANGERED SPECIES**


**ENDANGERED SPECIES TOTAL TIME:** \_\_\_\_\_

**POND ECOLOGY & WETLANDS**


**POND ECOLOGY & WETLANDS TOTAL TIME:** \_\_\_\_\_

\_\_\_\_\_  
Docent Signature

\_\_\_\_\_  
Date