U-2 White Nose Syndrome: Multi-state Coordination, Investigation and Response to an Emerging Wildlife Health Threat.

Please use one form for each site.

Project Title: WNS Summer Bat Concentration Survey Site Name/Number: _____

Grant Code: M30051686300

Organization: _____

Enter organization name or "Private Volunteers" if not working with an organization.

Name	Activity	Date	Time (24 hr) Start	Time (24 hr) End	Hours Worked	Vehicle Mileage	Volunteer Signature
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
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	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						
	Bat Emergence Count						

Total Number of Volunteers: _____ **Total Volunteer Hours:** _____ _____ **=Total Mileage**

Organization Verification: _____ PGC certification _____

If organized survey: Please sign by leader; If private volunteers, PGC will certify with the submitted survey report.

ALL VOLUNTEERS - Please record your time and vehicle commitment to this survey. Your time and vehicle mileage can be used as part of a required match for federal funds obtained to research and find a solution to the bat white nose syndrome (WNS) that is causing widespread bat mortality in the northeast. If you do not document your time on this form, we can not use your support in obtaining federal funds.