



# Volunteer River Monitoring Program VOLUNTEER CERTIFICATION FORM



**COMPLETED BY VOLUNTEER:**

Volunteer Last Name:  
  
Volunteer First Name:  
  
Affiliated Watershed Group:  
  
Additional Relevant Information:

**COMPLETED BY VRMP STAFF**

Volunteer Name /#:  
  
Group Name/#:  
  
Date (mm/dd/yy):  
  
Trainer #:

**Site Description and Observational Data** *(This section pertains to new volunteers only)*

Volunteer has received training in the following site descriptors:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| GPS Use                         | Mid-channel Depth Measurement   |
| Canopy Cover                    | Dominant in-stream habitat type |
| Channel Width Measurement       | Dominant Riparian Vegetation    |
| Horizontal Position Description | Vertical Position Description   |
| Water Level                     | Flow Habitat Type               |
| Habitat Type                    | Water Odor                      |
| Water Appearance                |                                 |

**Calibration**

|  |  |   |
|--|--|---|
| DISSOLVED OXYGEN: (meters only)                      | TURBIDITY: (meters only)                             | pH  |
| <input type="checkbox"/> Membrane Cap                | <input type="checkbox"/> Calibrated against standard | <input type="checkbox"/> Calibrated with 2 buffers: |
| <input type="checkbox"/> % Saturation                |  | ___ 4 ___ 7 ___ 10                                  |
| SPECIFIC CONDUCTANCE:                                |  |   |
| <input type="checkbox"/> Calibrated against standard |  |   |
| Standard used _____ $\mu$ S/cm                       |  |   |

**Grab Sample Technique (Applicable to Volunteer Group?  YES  NO)**

Check off water grab sample technique(s) volunteer has successfully demonstrated:  
 DIRECT PROBE    VAN DORN    (COUNTY) SAMPLER    BACTERIA SAMPLER    KEMMERER

**Safety & Liability Waiver**

- Volunteer has received the VRMP Safety Tips Sheet
- Volunteer has received and signed the VRMP Liability Waiver Form

**Comments**

**Sample Field Measurements (meters/kits)**

| Applicable?              | Parameter (unit)                                    | Volunteer value | Trainer value | Accuracy Difference | Accuracy Difference Values | Acceptable? Y/N |
|--------------------------|---|-----------------|---------------|---------------------|----------------------------|-----------------|
| <input type="checkbox"/> | Temperature (°C)                                    |                 |               |                     | ± 1° C                     |                 |
| <input type="checkbox"/> | DO (mg/L)   |                 |               |                     | ± 0.3 mg/L                 |                 |
| <input type="checkbox"/> | Volunteer correctly determined D.O. % saturation    |                 |               |                     |                            |                 |
| <input type="checkbox"/> | Specific Conductance (µS/cm)<br>Standard used _____ |                 |               |                     | ± 10%                      |                 |
| <input type="checkbox"/> | Turbidity meter (NTU)                               |                 |               |                     | ± 2 NTUs                   |                 |
| <input type="checkbox"/> | Turbidity tube (cm)                                 |                 |               |                     | ± 5 cm                     |                 |
| <input type="checkbox"/> | pH (Buffers 4 and 7)                                |                 |               |                     | ± 0.2 pH units             |                 |
| <input type="checkbox"/> | pH (Buffers 7 and 10)                               |                 |               |                     | ± 0.2 pH units             |                 |
| <input type="checkbox"/> | Salinity (ppt)                                      |                 |               |                     | ---                        |                 |
| <input type="checkbox"/> | TDS (mg/L)<br>Standard used _____                   |                 |               |                     | ±10%                       |                 |

Additional notes by VRMP staff:

If volunteer or their equipment were not certified, what next steps were taken?

TRAINER SIGNATURE: \_\_\_\_\_