Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

The SuAsCo CISMA has launched a Weed Warrior program to tackle invasive plants within the Sudbury, Assabet and Concord River Watershed. Once certified, Weed Warriors can go out on their own time to any of the SuAsCo partner designated/approved locations to manage the invasive plants present. Certified Weed Warriors can supervise their family unit or a friend (social distanced of course) to assist tackling the invasive plants. Weed Warriors are expected to visit properties at least 2 times per month during the growing season (April to mid-October) with each visit being a minimum of 30 minutes. Warriors can choose a single property to focus on or go to several throughout the season.

To get certified as a Weed Warrior, a volunteer must attend two training sessions: one online/webinar form and one in person training session OR receive a waiver from a SuAsCo partner organization. Please complete the following section to request certification. Thank you for your interest and we look forward to combating invasive plants by your side!

If you feel confident in your identification and invasive management skills, please provide this form to the certifying organization’s volunteer coordinator. If not, feel free to join another in person plant training!

**Step 1:** I am requesting certification to manage the following terrestrial invasive plants:

Japanese barberry

Multiflora rose

Asiatic bittersweet

Glossy buckthorn

Common buckthorn

Invasive Shrub Honeysuckle

Winged burning bush (Euonymus)

Garlic Mustard

Other: Click or tap here to enter text.

**Step 2**: Is there a particular property you are interested in removed invasives?

Yes, property name: Click or tap here to enter text.

No, wherever you need me!

**Step 3**: Complete at least one field invasive plant identification and management training. Field identification trainings opportunities are posted on Nature Groupie, the SuAsCo calendar, or otherwise announced by the host organization. Please complete the following information for all field trainings completed in the past year. Leave blank if requesting a waiver.

Date of Completion: Click or tap to enter a date.

Trainer’s Name: Click or tap here to enter text.

Host Organization: Click or tap here to enter text.

Species covered by the training: Click or tap here to enter text.

Seeking Waiver (Description of past invasive management experience): Click or tap here to enter text.

**DO NOT WRITE BELOW THIS LINE (FOR SuAsCo Organization USE ONLY)**

**Approved ☐ Denied Waiver**

**Species :** Click or tap here to enter text.

**Property (if applicable):** Click or tap here to enter text.

**Approved by (Volunteer Coordinator, Host Organization):** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Waiver reasoning:** Click or tap here to enter text.