



Burns Bog Conservation Society
Suite 202 11961 88th Ave.
Delta, BC V4C 3C9
Tel: 604-572-0373
Fax: 604-572-0374

VOLUNTEER APPLICATION FORM

Date: ____ / ____ / ____
Month Day Year

Name: _____
Last First Middle

Address: _____
Street City Province Postal Code

Home Phone: _____ Email: _____

Occupation: _____ Employer: _____

Are you attending school? _____

If so, what grade/year and school? _____

Please check the positions you are interested in volunteering for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Mailing Assistant | <input type="checkbox"/> zWalkway Building |
| <input type="checkbox"/> Telephone Solicitation | <input type="checkbox"/> Special Event Booths | <input type="checkbox"/> Help at the Office |
| <input type="checkbox"/> Other _____ | | |

Why do you want to volunteer for the position(s) specified?

What previous work/volunteer experience do you have?



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What are your special skills that pertain to your volunteer work with the bog
(include other languages spoken and certificates)?

How many hours per week are you willing to volunteer? _____

Please specify the days and times that you would be able for volunteering.

Do you have your own transportation? _____

Please list two people that have known you for over a year and who can attest
to your character, skills, and dependability. Do not include relatives.

Reference #1

Name: _____ Phone: _____ Relationship: _____

Reference #2

Name: _____ Phone: _____ Relationship: _____

I authorize investigation of all statements herein and release Burns Bog
Conservation Society from liability in connection with the same. I understand
that untrue, misleading, or omitted information herein may result in dismissal,
regardless of time of discovery. Volunteer activities undertaken on behalf of
the Society do not qualify for any compensation.

Signature: _____

Date: _____



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Please attach a resumé, if possible, when you hand in this form.