



Date Received: _____

Burns Bog Conservation Society

Your voice for Burns Bog since 1988.

VOLUNTEER APPLICATION FORM

Personal Information

___ Mr. ___ Ms. ___ Other. Preferred First Name: _____

Last Name: _____ Legal First Name: _____

Address: _____ City: _____

Postal Code: _____ Preferred Contact: ___ Home ___ Cell ___ Email

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____ Birthdate: Day: _____ Month: _____

Grade : ___ 10 ___ 11 ___ 12 ___ Other

Availability

During which hours are you available for volunteer assignments?

	Tuesday	Wednesday	Thursday	Friday
October				

Interests

Why are you interested in volunteering for us?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Do you speak and/or write languages other than English (If yes, please specify):

Emergency Contact

Name (First, Last): _____

Street Address: _____

City & Postal Code: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer for the Burns Bog Conservation Society, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

I understand and give permission to the Burns Bog Conservation Society to keep a record of my personal information on site and that it will remain confidential to Fraser Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature: _____ **Date:** _____

****This is a legal document. Please read carefully before signing this application.****

After you have completed this application form, please either hand it in to a staff member or representative of the Burns Bog Conservation Society. You can also mail this form or drop it off to the following address:

Burns Bog Conservation Society

4-7953 120 Street
Delta, BC V4C 6P6

Contact us at:
info@burnsbog.org
604-572-0373

Burns Bog Volunteer Application Waiver

I hereby agree to take on the duties and responsibilities required for me or my child to volunteer with the Burns Bog Conservation Society. I thereby release the Burns Bog Conservation Society and its employees from all claims resulting from illness, injuries, or other incidents that may be sustained by me or my child during his or her volunteer shift. In the event of illness or injury, I hereby authorize the staff members of the Society to obtain medical assistance or any other appropriate treatment for me or my child.

In consideration of the Burns Bog Conservation Society's services, property, and/or equipment. I agree to participate (or let my child participate) in wilderness survival-related outdoor activities and hands-on learning.

I understand that some activities involve walking through the Delta Nature Reserve in bog lands, handling different plants, removing invasive species, and performing activities in the proximity of native plants, insects, and animals.

I allow the Burns Bog Conservation Society to document my participation in any event on video or by photos. I grant the Burns Bog Conservation Society's use of any such recordings or snapshot on social media and printed media. Such recordings are the sole property of the Burns Bog Conservation Society.

I agree to release the Burns Bog Conservation Society from all claims for money damages, and all unintended harm to me or my child resulting from work-related activities.

I understand that the Burns Bog Conservation Society encompasses all of their officials, directors, members, employees, agents, personnel, volunteers, sponsors, and affiliated organizations.

Participant's Full Name (Print): _____

Participant's Signature: _____ Date: _____

I am a parent or legal guardian of a minor (16 or under) and I consent to the child's participation and agree to all of the provisions listed above. I assume all of the obligations of this release form on the child's behalf (if applicable).

Parent/Legal Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please list any additional information that may assist staff in caring for you or your child (i.e. allergies, medical concerns, etc.)

