



**Ecological Reserve
Warden**

**VOLUNTEER
APPLICATION**

Mail applications to:
BC Parks
PO Box 9398
Stn Prov Govt
Victoria BC V8W 9M9
Or email to:
ParkInfo@Victoria1.gov.bc.ca

Applicant Name: _____
last, first, middle

Address: _____
Box or Street, include apartment number, if any

City, Province, Postal Code

Optional Seasonal Address (if applicable)

_____ *Winter mailing address* _____ *Applicable Date*

Age: _____
optional

Phone: (____) _____

Fax: (____) _____

E-mail: _____

What expertise or experience would you bring as an Ecological Reserve Warden? *(Attach additional sheet if necessary)*

Availability: Please tell us when you are available for volunteer service.
Starting/Ending date (if known): _____
Days of week and working hours (rough estimate): _____

Location: In which Ecological Reserve would you most like to work?
(Note: We will attempt to match your needs with BC Parks)

First Choice: _____
(Ecological Reserve, Region)

Second Choice: _____
(Ecological Reserve, Region)

Third Choice: _____
(Ecological Reserve, Region)

Are you willing to work in any other Ecological Reserve/s? Yes _____ No _____
(List protected areas and/or general location)

Applicant's Occupation: _____

Retired

Relevant Employment History: *(Attach resume or additional sheet if necessary)*

Volunteer Experience:

Have you volunteered for BC Parks before or at other protected areas? Yes _____ No _____

If yes, provide protected area name, region or area and name of supervisor or contact person familiar with your experience and knowledge.

Protected Area: _____ Date: _____

Location: _____

Name: _____ Phone: (____) _____

Protected Area: _____ Date: _____

Location: _____

Name: _____ Phone: (____) _____

Other related volunteer experience: *(Attach additional sheet if necessary)*

Skills and Interests: Listed are some areas of interest and skills applicable to ER Warden volunteers. Please mark those that apply to you and feel free to add any that are not listed. (*Attach additional sheet with details of your experience if you wish*).

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Fish & Wildlife Management | <input type="checkbox"/> Natural History | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Photography (slides/film/video) | <input type="checkbox"/> Soil Science |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Geology | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education/ | <input type="checkbox"/> Horticulture | | _____ |
| <input type="checkbox"/> Interpretation | <input type="checkbox"/> Hydrology | | _____ |
| <input type="checkbox"/> Emergency Medical Assistance | | | _____ |

Transportation:

Will you have a vehicle for transportation? Yes _____ No _____

Description: _____
(e.g. car, truck, van)

Medical: Do you have any medical conditions, physical disabilities or special needs?

Do you have first aid training? Yes _____ No _____

Describe _____

Do you have regular access to a cellular phone? Yes _____ No _____

How did you find out about the BC Parks' Volunteer Program?

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Magazine article | <input type="checkbox"/> Volunteer brochure | <input type="checkbox"/> BC Park's website |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> From a volunteer | <input type="checkbox"/> Other: _____ |

References:

Please provide the names, addresses and telephone numbers of two persons familiar with your abilities, knowledge, or work experience.

Reference 1:

Name: _____ Relationship: _____

Address: _____ Phone: (_____) _____

Reference 2:

Name: _____ Relationship: _____

Address: _____ Phone: (_____) _____

I acknowledge that if this application is accepted a security check may be conducted.

(*Note: Security checks are required for all positions where you may have contact with children*)

Applicant's Signature

Date

For office use only

Contact date: _____ Interview scheduled: _____

Interviewer's Comments: _____

Interviewed by: _____

References checked

Criminal record check documents mailed out: _____ Received back: _____
(date) (date)

π Criminal record check approved, already on file or not necessary for assignment

Assignment: _____ Supervisor: _____

Protected Area/Site scheduled: _____ Month/s: _____
