



Volunteer Application Form

PERSUNAL INFURIMATION					
Date of application					
Miss Ms Mr Other					
Last Name	Given Name				
Address	Phone number(s)				
	Home:				
	Work/Cell:				
Postal code	Email address				
City, province and country					
How did you learn about Parks Canada Volunteer	What is your current age group?				
Program?					
Parks Canada Employee	Up to 18 years (parental consent required)				
Friend Colleague	Between 19 and 89 years				
Parks Canada website	Detween 19 and 09 years				
Publication (specify)	90 years or over (not covered by the National Volunteer Program				
Other (specify)	Insurance Policy)				
collected to administer the National Vol	lunteer Program and will not to be used for any other purpose				
INFORMATION ABOUT YOUR INTERESTS					
applicable). List available at: http://www.pc.gc.ca/eng/vo	national parks, historic sites or marine conservation areas (list names if byage-travel/index.aspx				
What type of volunteer project interest you most?	dra bistavia sitas su manina sanasmatian sussa)				
(NOTE – Activities are not available at all national par Special Events	ks, nistoric sites of marine conservation areas)				
•	s community events etc.)				
(example, concerts, festivals, sports events, community events, etc.) Caretakers					
(example, weed pulling, shore cleanup, dune restoration, etc.)					
Research Support					
(example, monitoring, wildlife and archaeological research, etc.)					
Living History					
(example, costume interpretation, re-enactment, etc.)					
Other(s)					
Please specify:					







	e you available? _							
January	February	March	April	May		June		
July	August	September	October	Novemb	oer	December		
Which day(s)?	Any day							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
How many hours per week? I am available on an on-going basis								
Please specify your lodging requirements? I will furnish my own lodging (such as tent, own, relative's or friend's place) I will require assistance in finding lodging								
** Complete this section or submit a resume (C.V.) or attach additional pages, if you would like**								
ABILITIES, EXPECTATIONS AND LIMITATIONS								
What is your curre	nt occupation?	In the list below, indicate your level of skill using these codes: T: some training or experience C: certificate or hold licence A: advanced (instructor level in the skill)						
What is your level Primary School Secondary School College University – na University post	ol nool	General First A Gardiopulmona Resuscitation(CPR) Emergency Me Technician Water Safety Search and Re Archaeology	rry Ph Pul dical /Animat Ca Ga scue Pla instrum	oss-country ski otography blic Speaking tion noeing rdening tying a musical ent ountaineering	Wildlife /monitoring Sewing/ Driver's vehicle:	ration/Restoration research /knitting licence- type of olease specify)		
List language(s) in	which you are flue	nt						
What are your expectations, goals or reasons for participating in the Parks Canada Volunteer Program?								
Describe hobbies, job experiences, previous volunteer experiences and your personal pursuits and interests that would contribute to your qualifications for the type of volunteer project you would like to do								
What physical Limitations, if any, do you have that may restrict the type of project for which you may be considered? (eg. allergies, visual impairments or back problems)								
Any additional comments?								

Please return this form to the place(s) where you wish to volunteer. Alternatively, to the National Volunteer Coordinator at volunteer.coordinator@pc.gc.ca or by mail at: National Volunteer Program, Parks Canada 30 Victoria St., 2nd Floor, Gatineau, QC J8X 0B3

