

DEPARTMENT OF NATURAL RESOURCES: VOLUNTEER INFORMATION

Name of Volunteer (Surname Given Names(s):	Telephone # Day () Evening ()
Address:	Postal Code:

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name:	Relationship:
Address:	Telephone #:

SKILLS, ABILITIES, EDUCATIONAL BACKGROUND AND EXPERIENCE

Education & Training	Computer Skills	Communication skills	Work Related skills & personal Interests	Physical activities outdoor skills
☐ Secondary School ☐ Post Secondary Studies: ☐ Geoscience ☐ Forestry ☐ Engineering ☐ Animal Science ☐ Biology ☐ University Degree in: ☐ Geoscience ☐ Forestry ☐ Engineering ☐ Animal Science ☐ Biology ☐ First AidCertificate ☐ WHMIS Training ☐ Other	☐ DOS ☐ GIS ☐ Spreadsheets ☐ Word Processing ☐ Database Experience ☐ Computer Graphics ☐ Computer Drafting & Design ☐ Other	☐ Writing Skills: ☐ Correspondence ☐ Editing ☐ Technical writing ☐ Promotional Writing ☐ Languages: ☐ English ☐ French ☐ Other ☐ Public Speaking ☐ Working with people ☐ Sign Language ☐ Translation Skills ☐ Teaching Experience ☐ Others	☐ Library Research ☐ Working with the public ☐ Working with animals ☐ Natural & Earth Science ☐ Weatherization ☐ Building Science ☐ Photography ☐ Drafting ☐ Other	☐ Physical Stamina ☐ Backpacking & camping ☐ Lifting & carrying ☐ Map reading ☐ Other

SPECIAL INTERESTS - PLEASE INDICATE THE VOLUNTEER WORK YOU WOULD LIKE TO DO:

Describe skills, hobbies, job experiences, previous volunteer experience and your personal pursuits and interests that would contribute to your qualifications for the kind of volunteer work you would like to do. (Please use separate sheet if required)

Work Location:

State Location(s) desired
NOTE: Volunteers are responsible for all expenses incurred when travelling to and from the work location

Time available for volunteering:

☐ Flexible	☐ Day(s) per week	☐ Other
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Age:

Are you 16 years of age or older	☐ Yes	☐ No
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VOLUNTEER AGREEMENT

Name:	DOB:
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Address:

Abilities:
Preferred Restrictions:

I hereby apply to become a Volunteer to the Department of:

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I agree, under supervision of a department representative to do the following tasks:

I understand that I am a volunteer, that I will not receive any compensation, direct or indirect, and that the Department of _____ or the Province of Nova Scotia does not provide any form of benefit (insurance) that is:

- motor vehicle
- accident, health, medical
- property damage
- liability

If I feel that I require any form of insurance coverage for anything arising from this volunteer function, I will make all necessary arrangements at my own cost and based on my own personal needs as I decide those needs to be relevant.

I understand that I may be required to use tools, supplies or equipment belonging to the department and I will give all items appropriate care, but I will not be responsible for breakage in normal usage.

I understand that I may not remove any tools, supplies or equipment form the custody of the department without the written permission of any authorized department representative.

I understand that if I bring any of my own tools, supplies or equipment to this volunteer function, that they are at my own risk and the department is not required to repair or replace any item used, lost, stolen, broken or otherwise damaged or missing.

I understand that I have the absolute right to refuse any assignment that I feel to be dangerous to me, is beyond my capability, or where I may cause injury to others.

I fully and absolutely waive all rights of claim for any and all forms of bodily injury sickness or disease, including death, loss of or damage to any and all items of my personal property, and generally all claims of any nature whatsoever, including my estate, heirs and assigns, and understand that I am a true volunteer with no expectations of any form of compensation or benefit whatsoever.

Witness	Signature
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Date	Date
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