**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**

<table>
<thead>
<tr>
<th>Education &amp; Training</th>
<th>Computer Skills</th>
<th>Communication Skills</th>
<th>Work Related Skills &amp; Personal Interests</th>
<th>Physical Activities &amp; Outdoor Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Secondary School</td>
<td>☐ DOS</td>
<td>☐ Writing Skills:</td>
<td>☐ Library Research</td>
<td>☐ Physical Stamina</td>
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<tr>
<td>☐ Post Secondary</td>
<td>☐ GIS</td>
<td>☐ Correspondence</td>
<td>☐ Working with the public</td>
<td>☐ Backpacking &amp; camping</td>
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<tr>
<td>Studies:</td>
<td>☐ Spreadsheets</td>
<td>☐ Editing</td>
<td>☐ Working with animals</td>
<td>☐ Lifting &amp; carrying</td>
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<tr>
<td>☐ Geoscience</td>
<td>☐ Word Processing</td>
<td>☐ Technical writing</td>
<td>☐ Natural &amp; Earth Science</td>
<td>☐ Map reading</td>
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<tr>
<td>☐ Forestry</td>
<td>☐ Database Experience</td>
<td>☐ Promotional Writing</td>
<td>☐ Weatherization</td>
<td>☐ Other</td>
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<tr>
<td>☐ Animal Science</td>
<td>☐ Computer Graphics</td>
<td>☐ Languages:</td>
<td>☐ Building Science</td>
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<tr>
<td>☐ Biology</td>
<td>☐ Computer Drafting &amp; Design</td>
<td>☐ English</td>
<td>☐ Photography</td>
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<td>☐ University Degree in:</td>
<td>☐ Other</td>
<td>☐ French</td>
<td>☐ Drafting</td>
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<td>☐ Geoscience</td>
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<td>☐ Other</td>
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<td>☐ First Aid Certificate</td>
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<td>☐ WHMIS Training</td>
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<td>☐ Other</td>
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**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

**Age:**

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

Name:  
DOB:  

Address:  

Abilities:  

Preferred Restrictions:  

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

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 from the custody of the department without the written permission of any authorized department representative.  

I understand that I may not 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  

Date  
Date  

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