



## Ecological Reserve

### Warden

## VOLUNTEER APPLICATION

Mail applications to:

BC Parks  
PO Box 9398  
Stn Prov Govt  
Victoria BC V8W 9M9  
Or email to:  
[BCParks.Volunteers@gov.bc.ca](mailto:BCParks.Volunteers@gov.bc.ca)

<b>Applicant Name:</b> _____ <i>last, first, middle</i>	<b>Age:</b> _____ <i>optional</i>
<b>Address:</b> _____ <i>Box or Street, include apartment number, if any</i>	<b>Phone:</b> (____) _____
_____	<b>Fax:</b> (____) _____
<i>City, Province, Postal Code</i>	<b>E-mail:</b> _____
<b>Optional Seasonal Address (if applicable)</b>	
_____	
<i>Winter mailing address</i>	<i>Applicable Date</i>
What expertise or experience would you bring as an Ecological Reserve Warden? ( <i>Attach additional sheet if necessary</i> )	
_____	
<b>Availability:</b> Please tell us when you are available for volunteer service. Starting/Ending date (if known):	
_____	
Days of week and working hours (rough estimate):	
_____	
<b>Location:</b> In which Ecological Reserve would you most like to work? ( <i>Note: We will attempt to match your needs with BC Parks</i> )	
First Choice: _____ <i>(Ecological Reserve, Region)</i>	
Second Choice: _____ <i>(Ecological Reserve, Region)</i>	
Third Choice: _____ <i>(Ecological Reserve, Region)</i>	
Are you willing to work in any other Ecological Reserve/s? Yes _____ No _____ ( <i>List protected areas and/or general location</i> )	

**Applicant's Occupation:** \_\_\_\_\_

Retired

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

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**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)*

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**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

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**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)

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

Assignment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Protected Area/Site scheduled: \_\_\_\_\_ Month/s: \_\_\_\_\_

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