

Friends of the Dufferin County Forest VOLUNTEER APPLICATION

Contact Information

Name		
Street Address		
City	Province	Postal Code
Home Phone		Cell Phone
E-Mail Address		
Emergency Contact (Name & Relationship)		
Phone:		

Areas of Interest

Do you have a specific job in mind? _____	
<input type="checkbox"/> trail maintenance	<input type="checkbox"/> promotion of County Forest
<input type="checkbox"/> sign posting and maintenance	<input type="checkbox"/>
<input type="checkbox"/> invasive species inventory	<input type="checkbox"/>
<input type="checkbox"/> invasive species control	<input type="checkbox"/>
<input type="checkbox"/> special events	<input type="checkbox"/>
<input type="checkbox"/> garbage clean-up	<input type="checkbox"/>

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Volunteer	Date
Signature of County Representative	Date
Date Received:	Date Contacted:
Membership Number:	Date Agreement/Waiver Received:
	Proof of Chainsaw Training: