



ADULT VOLUNTEER APPLICATION

To apply as a volunteer at Mountain View Conservation & Breeding Centre please complete the following form. Mail it to the address below; or complete it on the computer and send it attached to an email addressed to; visit@mtnviewconservation.org

Mail Address:

MOUNTAIN VIEW CONSERVATION AND BREEDING CENTRE SOCIETY
23898 RAWLISON CRESCENT
LANGLEY, B.C. V1M 3R6
Tel. 604.882.9313 Fax. 604.881.1221

Email: visit@mtnviewconservation.org

Mountain View Conservation and Breeding Centre Society Volunteers:

- *Are a minimum of 16 years of age
- *Are physically able to complete a three-hour (minimum) shift with minimal breaks
- *Have a strong grasp of English
- *Have a passion and determination to contribute towards a better planet

NAME (Mr.,Mrs.,Ms.,etc)_____

STREET ADDRESS_____

POSTAL CODE_____PHONE_____

EMAIL_____FAX_____

EMERGENCY CONTACT (name & phone)_____

DATE OF BIRTH_____

SKILLS/EXPERIENCE YOU COULD SHARE -Please circle any skills you bring to volunteering and add any others that you feel may be of interest to Mountain View.

Teaching	Research	Office work	Art	Computers
Photography	Fundraising	Event planning	Gardening	Landscaping
Construction	Working with Children	Crafts	Caring for animals	Fluency in other languages
Grant applications	Marketing	Other	Other	Other

Others: _____

VOLUNTEER EXPERIENCE (Please list current and past organizations to which you have belonged, positions held and activities performed):

THE VOLUNTEER AREAS OF INTEREST TO YOU: please rank your interest if more than one area of interest.

- Gift Shop Clerk
- Tour Guide
- Fundraising
- Special Events
- Construction
- Maintenance
- Office Work
- Animal Care
- Outreach
- Working With Children

EMPLOYMENT HISTORY -or attach a resume instead of completing this section

YOUR THOUGHTS -please feel free to attach extra paper

1) This is your spare time! Why do you want to spend it with us? _____

2) At the end of the day, what do you hope to get out of this experience? _____

3) Where did you hear about our facility? _____

AVAILABILITY -Please circle the days of the week and time frames that best suit your availability.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	afternoon

PROFESSIONAL REFERENCES – please provide 2 references that are not related to you.

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

MEDICAL INFORMATION -for your safety and comfort

Please list any physical conditions the Volunteer Department should be aware of for your safety. (e.g. bad back or knees, depression, heart problems, asthma, epilepsy, etc.) We advise that you should consult with your physician before agreeing to any physical activity at Mountain View. Mountain View can not be liable for your physical safety if you suffer from any chronic ailments.

DECLARATION

The information contained in this application is true and complete to the best of my knowledge. I give Mountain View Conservation and Breeding Centre Society permission to contact the references I have given. All information contained in this application will be kept strictly confidential and will be used for volunteering purposes only. This information is provided for the exclusive use of Mountain View Conservation and Breeding Centre Society.

I authorize Mountain View Conservation and Breeding Centre Society to conduct a police check, as needed for this application process.

Signature: _____

Date: _____

Thank you for choosing Mountain View Conservation and Breeding Centre Society as a Volunteer choice. Get ready for a fun-filled and rewarding experience!