



**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evenings/weekends \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred method of contact:

Phone Daytime  Phone evenings/weekends  Email  Other \_\_\_\_\_

Occupation or Student Program: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Where did you hear about CPAWS? \_\_\_\_\_

Why do you want to volunteer with CPAWS? \_\_\_\_\_

What area(s) are you interested in volunteering?

- |  |  |
|--|--|
| <input type="checkbox"/> Research                  | <input type="checkbox"/> Education/presentation        |
| <input type="checkbox"/> Community/public outreach | <input type="checkbox"/> Campaigning                   |
| <input type="checkbox"/> Communications            | <input type="checkbox"/> Media                         |
| <input type="checkbox"/> Field/hike                | <input type="checkbox"/> Office support/administration |
| <input type="checkbox"/> Special events            | <input type="checkbox"/> Fundraising                   |

\_\_\_\_\_

Are there any areas you have skills/knowledge/experience in?

- |   |   |
|---|---|
| <input type="checkbox"/> Research           | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Writing            | <input type="checkbox"/> Public speaking        |
| <input type="checkbox"/> Graphic design     | <input type="checkbox"/> Education              |
| <input type="checkbox"/> Photography        | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Event organization | <input type="checkbox"/> Other _____            |
- 

What is your availability to volunteer?

Any days  Weekends only  Weekdays \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Would you like information on membership with CPAWS NS?

Yes  No  Already a member

Additional comments \_\_\_\_\_

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Please return to:

**Canadian Parks and Wilderness Society- Nova Scotia**

**Email:** [cpawsns@cpawsns.org](mailto:cpawsns@cpawsns.org)

**Fax:** (902) 446 4156

**Mail:** 1099 Marginal Road, Suite 201

Halifax, Nova Scotia B3H 4P7

All information provided will be kept confidential by CPAWS NS

Thankyou for your interest in volunteering with CPAWS NS

We will contact you as soon as possible!