



# WYE MARSH

*Escape... Explore... Experience*

FRIENDS OF WYE MARSH INC.

16160 Hwy #12, P.O. Box 100

Midland, ON, L4R 4K6

Tel: (705) 526-7809

[www.wyemarsh.com](http://www.wyemarsh.com)

CRA Registered Charity #101894426RR0001

## 2026 COUNSELOR-IN-TRAINING APPLICATION

Thank you for your interest in the Wye Marsh!

We are very fortunate to have so many wonderful Volunteers investing their time and talents with us.

There are a limited number of opportunities for our Counselor-in-Training Program.

If your application is not successful, this year, please try again in the future!

**Please complete all three (3) pages and send them to [hkeery@wyemarsh.com](mailto:hkeery@wyemarsh.com)**

Last Name:		First Name:											
Address:													
City:		Province:	Postal Code:										
Primary Contact #:		Alternative Contact #:											
Email:			<input type="checkbox"/> Youth (13 -17)										
Will you be earning Community Service Hours for school? If yes, for which school board?													
Spoken Languages <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:													
<b>Please tell us about yourself.</b>  List a few talents, skills, and/ or qualifications that might come in handy when you are volunteering at Wye Marsh.		<b>Training</b> Are available for mandatory training on June 27?  <input type="checkbox"/> YES <input type="checkbox"/> No  How many weeks would you like to volunteer CIT? ____  <b>When</b> would you like to volunteer? Please check each full week you are available.  <table border="0"><tr><td><input type="checkbox"/> June 29, 30 &amp; July 2,3 (No Camp on July 1)</td><td><input type="checkbox"/> August 4-7 (No Camp on Aug 3)</td></tr><tr><td><input type="checkbox"/> July 6-10</td><td><input type="checkbox"/> August 10-14</td></tr><tr><td><input type="checkbox"/> July 13-17</td><td><input type="checkbox"/> August 17-21</td></tr><tr><td><input type="checkbox"/> July 20-24</td><td><input type="checkbox"/> August 24-28</td></tr><tr><td><input type="checkbox"/> July 27-31</td><td></td></tr></table>		<input type="checkbox"/> June 29, 30 & July 2,3 (No Camp on July 1)	<input type="checkbox"/> August 4-7 (No Camp on Aug 3)	<input type="checkbox"/> July 6-10	<input type="checkbox"/> August 10-14	<input type="checkbox"/> July 13-17	<input type="checkbox"/> August 17-21	<input type="checkbox"/> July 20-24	<input type="checkbox"/> August 24-28	<input type="checkbox"/> July 27-31	
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<input type="checkbox"/> July 27-31													
There are a limited number of CIT positions. Please check any other volunteer opportunities listed below that interest you.  No experience necessary! Training is provided!		<b>OCCASIONAL</b> <input type="checkbox"/> Special Events... Event Day Volunteer <input type="checkbox"/> Bannock Making/ Fire Tending  <b>SPRING/SUMMER/FALL</b> <input type="checkbox"/> Stewardship... Invasive Species Removal <input type="checkbox"/> Stewardship... Wildlife Monitoring <input type="checkbox"/> Summer... Day Camp - Counselor in Training <input type="checkbox"/> Winter... Day Camp - Counselor in Training											
<b>YEAR ROUND</b> <input type="checkbox"/> Front Desk / Gift Shop <input type="checkbox"/> Fundraising <input type="checkbox"/> Working with School/ Badge Groups													



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EMERGENCY #1 CONTACT FOR:	EMERGENCY #2 CONTACT FOR:
Parent/ Guardian:	Parent/ Guardian:
Relationship:	Relationship:
Home Number:	Home Number:
Work Number:	Work Number:
Cell Number:	Cell Number:

## ALLERGIES & DIETARY RESTRICTIONS

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Does the applicant require an EpiPen? ☐ YES ☐ NO Please list allergies & reactions.

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Does the applicant have dietary restrictions? ☐ YES ☐ NO Please list dietary restrictions:

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Has the applicant had any operations? ☐ YES ☐ NO Please list operation(s) and date(s).

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Has the applicant ever been hospitalized, or seriously injured, including concussions? ☐ YES ☐ NO Please provide reason(s)/ injury(ies) & dates.

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Do they have any activity restrictions? ☐ YES ☐ NO Please list activities and accommodations

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Is there anything else you would like to bring to the attention of our camp staff?



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I, \_\_\_\_\_, authorize the Wye Marsh Wildlife Centre to collect personal information for this volunteer application concerning my academic background and employment/volunteering history, emergency contacts and to verify the character references supplied.

I understand that if any statements made on this, or any other document, are untrue or misleading, the application may be rejected, or may constitute sufficient grounds for immediate termination of service.

I understand that since I am less than 18 years of age, I must have my parent/guardian sign and provide their contact information. I understand that the information obtained will be confidential. I certify that the information is true and complete to the best of my knowledge.

If accepted as a Wye Marsh volunteer, I agree to act in accordance with the Friends of Wye Marsh Inc. Volunteer Handbook.

Signature of Volunteer:

Signature of Parent/ Guardian (if volunteer is under 18 years of age):

Date:

## PHOTO RELEASE WAIVER

My parent/ guardian gives permission to the Friends of Wye Marsh Inc., and/or parties designated by the Friends of Wye Marsh Inc. to photograph/video me and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. We understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and we hereby release the Friends of Wye Marsh Inc. and/or any parties designated by the Friends of Wye Marsh Inc. from any such claims. We certify that we have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to our satisfaction.

☐ YES      ☐ NO

**NEXT STEPS... Please email your application to: [hkeery@wyemarsh.com](mailto:hkeery@wyemarsh.com).**

We will review your application and arrange for an interview.