

FRIENDS OF WYE MARSH INC.

16160 Hwy #12, P.O. Box 100 Midland, ON, L4R 4K6 Tel: (705) 526-7809 www.wyemarsh.com CRA Registered Charity #101894426RR0001

WYE MARSH VOLUNTEER APPLICATION

Thank your interest in the Wye Marsh!

We are very fortunate to have so many wonderful Volunteers investing their time and talents with us. We look forward to learning about you, and receiving your form by email at info@wyemarsh.com.

LEGAL Last Name:	LEGAL First Name:	
Address:		
City:	Province:	Postal Code:
Primary Contact #:		☐ Adult (18+) ☐ Youth (13 -17)
Email:		Birth Year-Month-Day:
Languages: \Box English \Box French \Box Other: Please tell us about yourself. List a few talents, skills, and/or qualification		Shirt Size: \square S \square M \square L \square XL \square XXL
volunteering at Wye Marsh.		
Please check all opportunities that interest you. Training is provided - no experience necessary!	SEASONAL	
YEAR ROUND	\square Spring Maple	Syrup Demos
☐ Board of Directors ☐ Office/ Admin	☐ Summer Canoe/ Kayak Tour Assistant☐ Summer Tending Gardens	
☐ Bingo	☐ Winter Snowshoes Tour Assistant	
☐ Front Desk / Gift Shop ☐ Fundraising	SPRING/SUMMER/FALL	
□ Evening Public Programs□ Weekend Public Programs	 □ StewardshipInvasive Species Removal □ Stewardship Project FeederWatch □ Stewardship Wildlife Monitoring (birds, turtles, bats) □ Stewardship Other Projects 	Project FeederWatch
☐ Working with School/Badge Groups		
☐ Teaching Adult Workshops OCCASIONAL		ding Info Booth at Community Events lors Sharing Natural History with Visitors
☐ Special Events Organizing Committee		
□ Special Events Event Day Volunteer□ Art Projects for Fundraising & Marketing□ Bannock Making/ Fire Tending	-	Camp - Counselor in Training amp - Counselor in Training



How often would you like to volunteer?				
□Regularly (weekly, monthly, scheduled) □Occasionally (1-3 times/ month, no schedule) □Special Events Only				
When are you available? Please check all that apply:				
□Weekday Mornings □Weekday Afternoons □Weekday Evenings				
□Weekend Mornings □Weekend Afternoons □Weekend Evenings				
\square Winter \square Spring \square Summer \square Fall				
Name of Emergency Contact (If under 18 years of age please provide name of Parent/ Guardian):	Name of Reference #1:	Name of Reference #2:		
Phone Number:	Phone Number:	Phone Number:		
Relationship:	Relationship:	Relationship:		
I,				
Signature of Volunteer:				
Signature of Parent/ Guardian (if volunteer is under 18 years of age):				
Date:				