



Date: _____

Volunteer Information/Application Form

Name: _____

Address: _____

Telephone number: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Telephone: _____

Availability: Please indicate what days and times are most convenient for you.

- Weekday mornings
- Weekday afternoons
- Weekends
- Special events

How many hours a week/month are you available to volunteer with us? _____

Please note that ABNC is open from April 15 through October 31. There may be some off-season volunteer opportunities.

Your Area(s) of Interest:

<input type="checkbox"/> Educational Programs Assistants/Interpreters	<input type="checkbox"/> Special Events	<input type="checkbox"/> Grounds & Gardens
<input type="checkbox"/> Visitor Services/Front Desk	<input type="checkbox"/> Office	<input type="checkbox"/> Garage Sale
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Photography	<input type="checkbox"/> Stewardship Program
<input type="checkbox"/> Other: _____		

What experience /skills do you have in your area(s) of interest? _____

What motivated you to complete an application to volunteer with us? _____

How did you hear about volunteering with us? _____

Please provide two references:

1. Name: _____ Phone #: _____
Email Address: _____ Relationship: _____
2. Name: _____ Phone #: _____
Email Address: _____ Relationship: _____

Please read carefully before signing:

I understand and agree that volunteering with Allan Brooks Nature Centre is conditioned upon:

1. Completing a current Criminal Records Check (Allan Brooks Nature Centre will pay and will help facilitate the criminal records check.)
2. Supporting ABNC's Mission and Core Values. "To promote the enjoyment, understanding and stewardship of the North Okanagan's unique and diverse natural environment."
3. Willingness to be trained and to follow the rules and regulations governing ABNC that are in effect at this time.
4. All information I have given on this application is accurate and verifiable.

Signature: _____ Date: _____

Parent/Guardian signature (if applicant is younger than 16): _____

Allan Brooks Nature Centre (ABNC) is committed to protecting the privacy of personal information in our possession or under our control. The personal information collected on this form will be stored in a locked cabinet as well as entered into our secure database to track your volunteer activities and hours. ABNC values the trust of our volunteers and staff and we recognize that maintaining this trust requires transparency and accountability in handling personal information.

Please drop off, mail or email your completed form to:

Michelle Hudon, Volunteer Coordinator
Allan Brooks Nature Centre
250 Allan Brooks Way, Vernon, BC V1T 9L4
PO Box 20038
Email: volunteer@abnc.ca Phone: 250-260-4227