



Friends of Jasper National Park Volunteer Application Form

Name: _____

Mailing Address: _____

Email: _____ Telephone: _____

1. How did you hear about the Friends of Jasper National Park?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend |
| <input type="checkbox"/> FJNP Email | <input type="checkbox"/> Past Volunteer Involvement |
| <input type="checkbox"/> Other _____ | |

2. What areas of work are you most interested in? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Jasper Trail Alliance | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> MAPS Bird Banding | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Hiking Guide or Trail | <input type="checkbox"/> Sales Outlet |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Newsletter Submissions |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> General Duties (poster distribution, administrative tasks, etc) | |
| <input type="checkbox"/> General Labor (bench and trail sign installation) | |
| <input type="checkbox"/> Other (please specify) _____ | |

3. How often would you like to volunteer?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Special Events |

4. When would you be available to start? How long would you like your volunteer experience to last?

I hereby certify that the foregoing information is true and complete to the best of my knowledge.

Signature

Date



Volunteer Agreement Form

Thank you for volunteering with the Friends of Jasper National Park. This agreement tells you what you can expect from us, and what we hope from you. We aim to make this the most enjoyable experience for everyone involved. Thank you for volunteering with us!

We, the Friends of Jasper National Park, will:

- introduce you to how the organization works and what your role will be.
- provide a meaningful volunteer opportunity and offer training to help you fulfill your duties and ensure your safety.
- provide WCB insurance for you in case of injury.

I, _____, of _____ agree to:
(name of volunteer) (hometown, country)

- abide by all policies and procedures outlined by the Friends of JNP Manager and/or my assigned crew leader.
- fulfill all tasks and duties as agreed, to the best of my ability.
- wear suitable clothing and closed-toed shoes for all trail work.
- let the Friends of JNP leader know if I cannot work as expected, and
- act as an ambassador for the park and represent the Friends of JNP in a positive way.

Signed,

Volunteer Signature

Friends of Jasper Signature

Phone Number

E-mail

Date

Emergency Contact (Name/Relationship/Phone Number)

Please note: While volunteering for the Friends, we may take photos for use in future recruitment or promotional materials. By signing your initials below, you consent to the taking and potential dispersal of photos in print or electronic form, in public or private media, without compensation.

Initials