



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

CRA Registered Charity #101894426RR0001

2025 COUNSELOR-IN-TRAINING 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.

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

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

Please complete all three (3) pages and send them to 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 earing 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:			
Please tell us about yourself. List a few talents, skills, and/ or qualifications that might come in handy when you are volunteering at Wye Marsh.			
Training Are you be available for mandatory training on June 28? <input type="checkbox"/> YES <input type="checkbox"/> No How many weeks you would like to volunteer as a CIT? _____ Please note: CITs may volunteer up to six (6) weeks each summer, alternating two weeks on and one week off.		When would you like to volunteer? Please check each full week you are available. <input type="checkbox"/> June 30 – July 4 <input type="checkbox"/> July 28-Aug 1 <input type="checkbox"/> July 7-11 <input type="checkbox"/> August 4-8 <input type="checkbox"/> July 14-18 <input type="checkbox"/> August 11-15 <input type="checkbox"/> July 21-25 <input type="checkbox"/> August 18-22	
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!		OCCASIONAL <input type="checkbox"/> Special Events... Event Day Volunteer <input type="checkbox"/> Bannock Making/ Fire Tending	
YEAR ROUND <input type="checkbox"/> Front Desk / Gift Shop <input type="checkbox"/> Fundraising <input type="checkbox"/> Working with School/ Badge Groups		SPRING/SUMMER/FALL <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	



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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

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

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

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

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

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

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.

We will review your application and arrange for an interview.