

**Tetra Society of North America**  
**OUTREACH VOLUNTEER**  
**APPLICATION FORM**



***Tell us about yourself***

Name:

Address:

City/Town:

Province/State:

Postal/Zip Code:

Email:

Phone:

Emergency Contact:

Are you willing to volunteer in surrounding areas?  Yes  No

How did you hear about Tetra Society?

***Previous Experience***

Tell us about your previous volunteer experience with other organizations.

***Interests/Skills***

What are you interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Social media and traditional media | <input type="checkbox"/> Administrative duties  |
| <input type="checkbox"/> Presentations                      | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Media opportunities                | <input type="checkbox"/> Social impact projects |

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Give an example of one skill and how these skills can assist the Tetra Society.

**References**

Please list two references, at least one of who has knowledge of your skills/abilities listed above.

- |            |               |
|------------|---------------|
| 1. Name:   | Relationship: |
| Telephone: | Email:        |
| 2. Name:   | Relationship: |
| Telephone: | Email:        |

Are you willing to undergo a criminal record check?  Yes  No

DO YOU AUTHORIZE THE TETRA SOCIETY OF NORTH AMERICA TO COLLECT PERSONAL INFORMATION APPROPRIATE TO THE POSITION YOU ARE APPLYING FOR CONCERNING YOUR ACADEMIC AND PROFESSIONAL BACKGROUND, AND TO VERIFY CHARACTER REFERENCES THAT YOU SUPPLIED - WITH THE UNDERSTANDING THE INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL, EXCEPT AS OTHERWISE REQUIRED BY LAW?

Yes  No

I understand that this application does not imply acceptance to be a volunteer with the Tetra Society of North America. Selected applicants will successfully complete an interview, reference checks, and participate in appropriate orientation and training. Signing below indicates understanding of this process, and declaration that the information provided on the form is true to my best knowledge.

Date:

APPLICANT'S SIGNATURE:

PLEASE ENSURE THAT ALL FIELDS IN THIS FORM ARE COMPLETED PRIOR TO SUBMISSION.