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:

☐ Social media and traditional media  ☐ Administrative duties
☐ Presentations  ☐ Fundraising
☐ Media opportunities  ☐ Social impact projects
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 AUTHORIZATE 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.