

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Long Point Bird Observatory**

Volunteer Field Biologist **–** Application

Volunteering at LPBO requires communal living, long hours, physical exertion, enduring bugs, heat and cold, irregular supplies of fresh food, rustic and isolated living conditions, and boating on rough water. Volunteers should be the kind of people who thrive in exciting and challenging field conditions and have a passion for birds, natural history, wild weather, simple living and learning. If you are interested in applying for a volunteer position please complete the following form and email it along with your resume or CV to **[lpbo@birdscanada.org](mailto:lpbo@birdscanada.org)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | | Citizenship: | |
| Address: | | | | | |
| City: | | | Province/State: | | |
| Postal/Zip Code: | | | Country: | | |
| Phone: | | | Email: | | |
| Present Occupation: | | | | | |
| Emergency Contact Name: | | | | Phone: | |
| Email: | |
| Education (highest degree completed or current status): | | | | | |
| Have you volunteered at LPBO before? \_\_\_ No \_\_\_ Yes | | | | Years: | |
| Have you volunteered at another Canadian Migration Monitoring Network Station? \_\_\_ No \_\_\_ Yes | | | | CMMN Stations: | |
| Application for:  \_\_\_ Tree Swallow Project (May-early July)  \_\_\_ Breeding Bird Census (late May-June)  \_\_\_ Spring Migration Monitoring (April 1-June 15)  \_\_\_ Fall Migration Monitoring (August 15-November 15)  \_\_\_ Latin American Training Program (August 15-November 15) | | | | | |
| Alternative period if first choice is unavailable: | | | | | |
| What specific dates are you available for (1 month minimum preferred)? | | | | | |
| What percentage of eastern North American birds can you identify by **sight**:  \_\_\_ <25% \_\_\_ 26-50% \_\_\_ 51-75% \_\_\_ >75% | | | | | |
| What percentage of eastern North American birds can you identify by **sound**:  \_\_\_ <25% \_\_\_ 26-50% \_\_\_ 51-75% \_\_\_ >75% | | | | | |
| Do you hold a current banding permit?  \_\_\_ No \_\_\_ Yes | | | | Country: | |
| Permit Level: | |
| Do you have a North American Banding Council Certification? \_\_\_ No \_\_\_ Trainer \_\_\_ Bander | | | | | |
| How many birds have you extracted from mist nets (estimate)? | | | | | |
| How many birds have you banded (estimate)? | Number of Species Banded | | | | Number of Individuals Banded |
| Passerines |  | | | |  |
| Owls |  | | | |  |
| Diurnal raptors |  | | | |  |
| Shorebirds |  | | | |  |
| Other birds |  | | | |  |
| What other biological field experience do you have? | | | | | |
| Please describe why you think you will be helpful to LPBO: | | | | | |
| What banding, ornithological or other biological organizations are you a current member of? | | | | | |
| Do you have a valid driver's licence? \_\_\_ No \_\_\_ Yes | | | | | |
| Do you have a valid Pleasure Craft Operators card? \_\_\_ No \_\_\_ Yes | | | | | |
| Do you have experience with: \_\_\_ Bandit \_\_\_ Band Manager \_\_\_ Microsoft Excel | | | | | |
| Do you have current life-saving certification? \_\_\_ No \_\_\_ Basic First-Aid \_\_\_ CPR | | | | | |
| Are you physically fit? \_\_\_ No \_\_\_ Yes | | | | | |
| Do you have good eyesight? \_\_\_ No \_\_\_ Yes | | | | | |
| Do you have good hand/eye coordination? \_\_\_ No \_\_\_ Yes | | | | | |
| Are you emotionally fit? \_\_\_ No \_\_\_ Yes | | | | | |
| Are you prepared to share in daily data entry, cooking and routine maintenance chores as outlined in the *Volunteer Fact Sheet*? \_\_\_ No \_\_\_ Yes | | | | | |
| Are you willing to share a bedroom with other volunteers of both sexes? \_\_\_ No \_\_\_ Yes | | | | | |
| Are you willing and able to live in a remote location, in rustic conditions with no phone or email access for weeks at a time? \_\_\_ No \_\_\_ Yes | | | | | |
| Are you willing to relocate between field stations on short notice when required? \_\_\_ No \_\_\_ Yes | | | | | |
| Do you have any medical conditions?  \_\_\_ No \_\_\_ Yes | | Please specify: | | | |
| Where did you find out about LPBO volunteer opportunities? | | | | | |
| Reference 1 Name: | | Position: | | | |
| Phone: | | | |
| Email: | | | |
| Reference 2 Name: | | Position: | | | |
| Phone: | | | |
| Email: | | | |
| Reference 3 Name: | | Position: | | | |
| Phone: | | | |
| Email: | | | |
| Applicant’s Signature: | | | | | |
| Date: | | | | | |
| Would you like us to forward your application to other members of the Canadian Migration Monitoring Network if space is not available at LPBO? \_\_\_ No \_\_\_ Yes | | | | | |