

2019 Junior Forest Rangers

Second Year Crew Member Application Form



PART A: COMPLETION INSTRUCTIONS

Forms PART A, B and C must be complete.
Applications can be submitted electronically (preferred), mail, or fax.
Applications must be received between February 1st and April 1st.

Email: jfr.info@gov.ab.ca
9th Floor, 9920 – 108 Street Edmonton, AB T5K 2M4
Fax: (780) 415-1509 Telephone: (780) 422-9276

Step 1: Review the program by visiting www.albertajfr.ca
Step 2: Ensure sections 1-5 are complete.
Step 3: Obtain and submit two references (from school, community / church leader or employer).
Step 4: Prepare for and take the physical fitness assessment test.
Step 5: Second year crew member applications **must include a resume**.
Step 6: Use the buttons at end of form to submit electronically or print.

1. PERSONAL INFORMATION (please print clearly if mailing)

Surname	First Name	Preferred name	Middle Initial	Date of Birth	Day	Month	Year
Mailing address		City	Province	Postal Code			
Telephone	Email			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Do you have a social insurance number? If not, will be required to obtain one immediately upon acceptance .				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a current First Aid and CPR certificate?				Expiry Date: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be using the program to gain high school work experience credit?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Indian Status number or Metis Region (if applicable):							

2. EMPLOYMENT / VOLUNTEER HISTORY and Special Courses, certificates, or accreditations

Employer / position / Certificate	Your Position/Duties or credentials	Start/End Dates

3. EDUCATION

I affirm that I am presently a full-time student at _____, and am currently in grade _____.

4. EMPLOYMENT EXPECTATIONS (Review and sign/date with an understanding of the seven expectations)

1. All applications are subject to screening and selection by the Junior Forest Ranger Program of Agriculture and Forestry.
2. The Junior Forest Ranger program requires commitment from participants for the duration of the full work term.
3. The regular work week for both all camp-based participants is Monday to Friday (36.25 hours). Camp-based participants are required to reside in camp including evenings and weekends. Camps close the long weekend in August.
4. The work requires physical and mental exertion. Applicants are screened to ensure minimum physical fitness conditions are met.
5. Applicants must be aware that during the program certain risks and dangers may occur including, but not limited to, the hazards of travelling in forest and mountainous terrain, accident or illness in remote places, the forces of nature, hand tool and power tool use, and travel by automobile, helicopter, boat, or other conveyances.
6. The Junior Forest Ranger Program provides a non-violent workplace with a safe and healthy environment for all staff.
7. The Junior Forest Ranger Program is drug and alcohol free. Any individual who does not abide by these principles may be subject to disciplinary action and parent(s) and/or guardian(s) will be notified.

APPLICANT COMMITMENT TO EXPECTATIONS

The applicant should only sign this form if he/she fully understands, agrees to, and accepts the above expectations of the Junior Forest Ranger Program. I certify that the information given in this application is complete to the best of my knowledge. I understand that a false statement will result in this application being rejected or I may be subject to termination of my involvement in the program.

Participant signature

Date

☐ (Online users check this box to indicate you have read and agree to the expectations above.)

5. PARENT(S) or GUARDIAN(S) ACCEPTANCE OF EMPLOYMENT EXPECTATIONS AND MEDICAL CONSENT

I/we agree and accept these conditions, and give permission for my child to participate in the Junior Forest Ranger programs. I/we hereby give the crew leaders, or designate permission to use his /her judgment in obtaining the best medical services and care available for my child. I/we understand that in the event of serious illness or accident I/we will be notified.

Telephone	Name	Parent(s) or Guardian Signature(s)	Date
		<input type="checkbox"/> (Online users check this box to indicate you have read and agree to the expectations above.)	
Telephone	Name	Parent(s) or Guardian Signature(s)	Date
		<input type="checkbox"/> (Online users check this box to indicate you have read and agree to the expectations above.)	

2019 Junior Forest Rangers Crew Member Application Form



RESUME

Second Year Applicants MUST attach a current resume to accompany their application. Resumes should include (at a minimum): current or previous work/volunteer experience, valid certifications, skills, and extracurricular activities.

Crew Location Preferences (Please note we will do our best to accommodate your preferences, but it is not guaranteed)

1. _____ 2. _____ 3. _____

JFR Fitness Test

Information Sheet

In order to participate in the 2019 JFR season, all leaders and members must pass a fitness test as part of the application process. You must include a completed JFR Fitness Form with your application.

The fitness requirement is a work capacity test designed to measure suitability for moderate work duty, which is defined as: field work that requires complete control of physical faculties and may include considerable walking, standing, and lifting 25-50 pounds. A minimum fitness standard will increase individual and crew safety in this work environment.

Train for the Test

Training for the fitness test is important. Start training at least 4-6 weeks before you are scheduled to take the test. Begin by walking short distances on a regular basis, then gradually increase distance and begin to carry a weighted pack. Continue until you can meet the requirements of the test. You may want to consult a physician before you begin training if you have been inactive, have a history of injury or medical conditions.

Required Paperwork – Pre Test

Prior to taking the test, complete the following paperwork:

1. PAR-Q: The PAR-Q+ Physical Activity Readiness Questionnaire is a double sided four page form and must be completed in its entirety. Please follow all instructions on the form. If a person answers yes to one or more of the questions on the PAR-Q, you must also complete the online PARMed-X survey (www.eparmedx.com), which may include sign off by a physician, prior to taking the fitness test.
2. JFR fitness form: The form is intended to make you aware of the risks of the test and that neither the GoA nor the person testing you is liable for any injury/illness that may occur during the test.

Take the Test

1. Mark out a relatively flat, two mile course in advance. This can be one stretch or laps around a smaller area. Also, choose a pack that can have weights added to make it 25 pounds. If you attend a wildfire management facilitated test, this will be done for you.
2. The test will be monitored and any problems should be brought to the attention of the fitness tester.
3. No jogging or running is permitted.
4. You may take the test wearing weather appropriate fitness clothing (runners, shorts, tshirt, etc).
5. The test is pass/fail – there is no advantage to a lower time, the final time just has to be 30 minutes or less.

Required Paperwork – Post Test

Once you pass the test, the tester must signoff at the bottom of the JFR fitness form. Submit this completed form with your application. If you fail the test, you are allowed to take the test again. All required paperwork must be completed again. Your application will not be considered complete without a record of a passed fitness test.

Choosing a Fitness Tester

Choose someone in your community facilitate the fitness test. This could be a fitness instructor, teacher, coach, etc. that will conduct an unbiased fitness test for you. You will be tested again at the beginning of your training course and if you cannot pass the fitness test at that time you will be terminated from the program.

You may also choose to attend a fitness testing session facilitated by Wildfire Management or the JFR program. A list of locations, dates and times will be posted on the JFR website (www.albertajfr.ca).

Contact program staff if you have questions: JFR.info@gov.ab.ca or 780-422-9276

JFR Fitness Test

Participant

☐ The **PAR-Q+ Physical Activity Readiness Questionnaire** is complete according to all instructions and requirements of the form.

TEST: The fitness test is a two mile (3.2 km) walk with a 25 pound pack, completed in less than 30 minutes. It is fairly strenuous, but no more so than field duties. This fitness test is intended for those with moderately strenuous duties (requires a max VO₂ of 40, lifting 25 to 50 pounds, and occasional demand for moderately strenuous activity).

RISKS: There is a slight risk of injury (blisters, sore legs, sprained ankle) for those who have not practiced the test. If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test, and to cool down after the test. If you are unaccustomed to vigorous exercise, you should contact your physician, by phone or in person, before you take the test.

Informed Consent

As a condition of my participation in the above fitness test, I agree and understand that if I am injured or become ill or disabled as a result of the fitness test, I will not be entitled to damages from the Government of Alberta, government employee or any teacher, school employee, school board, coach, volunteer, contractor, etc. performing this fitness test.

Applicant name	Applicant signature	Date
Parent / guardian name, if participant is under 18 years of age.	Parent/guardian signature	Date

Fitness Tester Expectations

1. You must receive this JFR Fitness Form with the participant and informed consent section completed and signed.
2. Confirm you have a fairly flat, two mile (3.2 km) course where you can monitor the applicant.
3. Ensure the applicant has a back pack or weighted vest which weighs 25 lbs.
4. Complete the physical fitness test. The applicant must complete the test, without running or jogging, in 30 minutes or less. Record the time below.

NOTE: The applicant will be tested again at the beginning of their training course and if they cannot pass the fitness test at that time they will be terminated from the program.

Fitness Test Result

I agree that I, _____, have conducted a fair test, in accordance with the information above.			
Applicant name _____ has achieved at time of _____ minutes, _____ seconds.			
Tester name	Contact email	Tester signature	Date
When the test is complete, return this form to the applicant to include with their application package. Thank you for your support of the JFR program.			

2019 PAR-Q+






The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> .	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it <i>does not limit your current ability</i> to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness centre may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.




NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐

3c. Do you have chronic heart failure? YES ☐ NO ☐

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

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6. Do you have any Mental Health Problems or Learning Difficulties? *This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome*

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. Do you have a Respiratory Disease? *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? *This includes Tetraplegia and Paraplegia*

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. Have you had a Stroke? *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐





10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:** _____

**GO to Page 4 for recommendations about your current
medical condition(s) and sign the PARTICIPANT DECLARATION.**

2019 PAR-Q+




 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

**www.eparmedx.com
Email: eparmedx@gmail.com**

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-S298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

2019 Junior Forest Rangers

Reference Form



PART B: COMPLETION INSTRUCTIONS

Original signatures are required for a successful application.
Mail, email or fax the following completed forms by **April 1, 2018** to:
Junior Forest Ranger Program
9th Floor, 9920 – 108 Street
Edmonton, AB T5K 2M4
P: (780) 422-9276 F: (780) 415-1509 E: jfr.info@gov.ab.ca

Applicants must select two references to support their application. This form is to be completed by: principal, teacher, guidance counselor, coach, former employer, volunteer coordinator, church and/or community leader.

Your honest assessment of the candidate is necessary to the application process. To gain a better understanding of the program please visit our website at www.AlbertaJFR.ca. (Please print or type your responses. Attach additional sheet if necessary.)

Applicant Surname	First Name	Your Relationship to Applicant	
Referee Surname	First Name	Your Position Title	Telephone
Referee Address	City	Province	Postal Code

Background Information:

Junior Forest Ranger (JFR) crew members will learn skills and work either in a remote camp, for seven weeks. The mandate of the program encompasses the fields of forestry, natural resource management, environmental science, and youth development. Crews of eight will expand their awareness of our natural resources through exposure to work projects, educational opportunities, traditional practices, and wilderness adventure. Crew members are team players, independent, physically fit, patient and respectful.

In your opinion, explain to what extent the applicant has shown interest in natural resources and/or outdoor recreation. (Please explain or attach a letter)

--

In your opinion, describe initiatives the applicant is involved with in school (athletics or other programs), community, and/or volunteering. (Please explain or attach a letter)

--

In your opinion, how does the applicant contribute in a team/group environment? (Please explain or attach a letter)

--

Considering the nature of the program, I would:

- | | |
|---|---|
| <input type="checkbox"/> strongly recommend | <input type="checkbox"/> recommend with reservation |
| <input type="checkbox"/> recommend | <input type="checkbox"/> would not recommend |

Thank you for taking the time to complete this reference form.

The above statements are true to the best of my knowledge: Signature _____

Date _____

☐ (Online users check this box to indicate you have read and agree to the expectations above.)

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--

In your opinion, how does the applicant contribute in a team/group environment? (Please explain or attach a letter)

--

Considering the nature of the program, I would:

- | | |
|---|---|
| <input type="checkbox"/> strongly recommend | <input type="checkbox"/> recommend with reservation |
| <input type="checkbox"/> recommend | <input type="checkbox"/> would not recommend |

Thank you for taking the time to complete this reference form.

The above statements are true to the best of my knowledge: Signature _____

Date _____

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