

## CSKT BISON RANGE WILDLIFE REFUGE VOLUNTEER APPLICATION

Please email completed application to <a href="mailto:emily.rohrlach@cskt.org">emily.rohrlach@cskt.org</a> or mail them to Bison Range 58355 Bison Range Rd. Charlo, MT 59824

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	BEFORE SUBMITTING A	PPLICATION PLEASE CHECK ALL	INFORMATION IS ACCURATE		
1. NA	ME*:				
2. DO	B*:	3. OCCUPATION:			
4. EM	AIL ADDRESS*:				
5. PH	ONE NUMBER:				
6. AV	AILABILITY				
Mon _	Tues	Wed Thurs			
MAYJUNEJULY AUGUST SEPTEMBER OCTOBER					
	e check yes or no for the followin squalify you as a volunteer):	ng questions (these answers are only to a	ssess your abilities, a yes or no answer will		

Please fill out the following questions (100 word limit each):			
1. Why do you want to volunteer at the Bison Range?			
<ol><li>What are you most interested in volunteering for?</li></ol>			
2. What are you most interested in volunteering for.			
3. What is your previous volunteer experience?			
SIGNATURE:			
I, hereby state that I have completed this form to the best of my knowledge and all information is accurate. I swear to follow all Bison Range policies and regulations while in the Bison Range and understand that if I am responsible for injuries or property damage to the Bison Range or third parties that I may be held personally liable for any monetary damages a court may award to the injured party. I further agree that I will fully cooperate with the Bison Range and its agents in any investigation, lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from my activities on the Bison Range.			
Signature	Date		
Office Use Only			
Approved By			