



BELIZE FOUNDATION for RESEARCH and ENVIRONMENTAL EDUCATION

Volunteer Field Assistant

Volunteer Field Assistants pay for their own immunizations, airfare, and in-country transportation costs to and from BFREE. Volunteers are also responsible for a daily fee to cover room and board during their stay at the field station.

BFREE Overview

Belize Foundation for Research and Environmental Education (BFREE) manages a biological field station in southern Belize on a 1153 acre private protected area. Founded in 1995, *BFREE* is a 501(c) 3 organization whose primary goals are to assist the government of Belize in the management and conservation of Belize's protected areas and conserve its natural resources. This is achieved through facilitating scientific research, conducting environmental education programs and helping increase conservation awareness within the buffer communities nearest *BFREE* as well as providing unparalleled educational opportunities to persons of all ages from Belize and abroad.

Opportunities for Learning

Nestled in the foothills of the Maya Mountains along the Bladen River, surrounded by more than a million acres of protected tropical rainforest, *BFREE* offers an extraordinary opportunity to learn how a non-profit research station runs in an area with spectacular wildlife and habitat. *BFREE* volunteer field assistants will be matched to a specific project depending on their interests and skills. Currently we are searching for volunteers to assist with projects in tropical agriculture, sustainable forestry, conservation of the Central American river turtle, and ornithological studies.

Requirements

Volunteers must have completed at least two years of college in biology, sustainability studies or a related field, or have equivalent work experience. A demonstrated commitment to learning and working hard is essential, as well as a willingness to adapt to a remote work environment and rustic living conditions.

Application Process

Applications are accepted throughout the year, but are given priority if received by October 15 for spring assignments and by April 15 for fall assignments. Application should be e-mailed to the Director of Organization Development, Heather Barrett, at hbarrett@bfreebz.org



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Personal Information

First Name:		Family Name:			
Date of birth:		Nationality:		Gender:	
Primary Address:					
Email:			Phone Number:		
Passport Number:		Expiration date:		Place of issue:	
Do you have any dietary requirement? If so, please specify:					
Preferred project:		Preferred start date:		Desired length of stay:	

Emergency Contacts

Name:		Relationship to you:			
Home phone:		Work phone:			
Cell phone:		Email:			

Name:		Relationship to you:			
Home phone:		Work phone:			
Cell phone:		Email:			



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Education

Name and Location	Degree & Date	Major
High School		
College		
Scholastic Honors and/or certifications		

Employment History *(includes paid positions, internships, and volunteering)*

Most recent employer: _____

Phone number: _____

Address: _____

Supervisor Name/Title: _____

Position Title: _____ Start Date: _____ End Date: _____

Duties: _____

Employer #2: _____

Phone number: _____

Address: _____

Supervisor Name/Title: _____

Position title: _____ Start date: _____ End date: _____

Duties: _____



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Employer #3: _____

Phone number: _____

Address: _____

Supervisor Name/Title: _____

Position title: _____ Start date: _____ End date: _____

Duties: _____

References

Name: _____ Phone number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Phone number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Phone number: _____

Company/School: _____

Relationship: _____ Known how long: _____



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Please provide short answers to the following questions.

1. What specific skills and past experiences make you a good match for this field assistant position?

2. Describe one personal strength and how you would apply it while at BFREE.

3. Describe one personal growth area that you feel would be developed while at BFREE.

4. Please describe any past experiences that have prepared you to live in an isolated rainforest setting hours from the nearest human settlement.

5. What specific goals do you hope to accomplish while at BFREE?

I verify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ Date: _____



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Health Form

Have you ever had any of the following conditions? Please check all that apply and use the space below to provide additional details.

- | | | |
|---|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Migraines/severe headaches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Orthopedic problems |
| <input type="checkbox"/> Cancer | (murmur, arrhythmia) | (sprains, strains, fractures) |
| <input type="checkbox"/> Chronic back conditions | <input type="checkbox"/> Heat or cold sensitivity | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Stomach/intestinal conditions |
| <input type="checkbox"/> Dizziness/balance conditions | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Malaria | |

Have you been hospitalized or had surgery in the past year? _____

Do you have any phobias which might affect your participation? _____

Do you have any allergies to drugs, food, insects, etc.? _____

Have you ever been diagnosed with or treated for a psychiatric condition such as bipolar disorder or depression? _____

If you have answered yes to any of the above, please explain in detail.

List all prescription medications that you are taking including the reason for taking it, length of time you've been taking it, and the current dosage.

Describe your current level of physical activity. Give examples.

How far can you walk before tiring?

Participant Signature: _____ Date: _____



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Health Form (page 2 of 2)

This form must be signed by a doctor.

To the Doctor:

BFREE is a conservation organization which operates a field station in the rainforest of southern Belize. Your patient has applied for a volunteer field assistant position. The BFREE field station is located in the midst of an isolated rainforest, hours from the nearest human settlement. If you feel that your patient is fit and able to fully participate, please fill out the information and sign below.

Patient Name:		Appointment Date:	
Doctor's name:			
Doctor's address:			
Specialty:			
How long have you known the patient?			
Telephone:		E-mail:	
Comments:			

I believe that my patient is in good health and able to fully participate.

Signature of Doctor: _____

Date: _____