



Provisional Member Work History Form

Instructions for Provisional Members

This form is to be completed by all Provisional Members throughout their work experience requirement. All relevant, forestry related work experience occurring after the Mentorship Agreement was signed should be documented using this form. If changing position within the same company/organisation, please complete a new section. A work supervisor must sign off that the information is accurate for each position (does not have to be a member of the OPFA).

Attach additional sheets if required.

When you have completed your work experience requirement, you must submit your completed Work History Form to each of your sponsors. Your sponsors are required to sign off that they have reviewed your Work History Form and submit it directly to the OPFA along with their Sponsorship Forms.

Instructions for Sponsors

Please review this Work History Form when the Provisional Member has completed their work experience requirement and sign off with the date using the Sponsor Review Sheet.

Instructions for Work Supervisors

By signing off on the Provisional Member's Work History Form you are attesting that the information provided on the job position and specific duties performed is accurate and reflects the work experience of the Provisional Member under your supervision.

SPONSOR REVIEW SHEET

To be completed by the Provisional Member

Provisional Member Name:

OPFA Membership Number:

Certification

I recognize that under the *Professional Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure.

Signature of Provisional Member:

Date:

To be completed by the Sponsor

By signing this form, you are confirming that you have reviewed the Work History Form for the Provisional Member for whom you are acting as sponsor.

Sponsor Name:

Sponsor OPFA Membership Number (if applicable):

Sponsor Signature:

Date:

PROVISIONAL MEMBER WORK HISTORY

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Employer and Location(s)	Position (Job title/project name)
Specific Duties Performed			
Supervisor Name			
Signature of Supervisor			
Date Signed			
Supervisor/Company Contact Information			
Supervisor Comments (optional)			

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Employer and Location(s)	Position (Job title/project name)
Specific Duties Performed			
Supervisor Name			
Signature of Supervisor			
Date Signed			
Supervisor/Company Contact Information			
Supervisor Comments (optional)			

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Employer and Location(s)	Position (Job title/project name)
Specific Duties Performed			
Supervisor Name			
Signature of Supervisor			
Date Signed			
Supervisor/Company Contact Information			
Supervisor Comments (optional)			