



PROVISIONAL MEMBER WORK HISTORY FORM

Instructions

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.

The 18-month mentored experience requirement refers to full-time positions, which are considered to be 30 or more hours a week. Part-time positions are eligible but the hours must be equivalent. For example, 6 months of working 15 hours a week would be the equivalent of 3 months of experience.

When you have completed the 18 month mentored work experience requirement, please submit your completed Work History Form to the OPFA office by email to opfa@opfa.ca or by [regular mail](#), and provide a copy to each of your 2 sponsors.

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.

Instructions for Sponsors

Please review this Work History Form when the Provisional Member has completed their 18 month mentored work experience requirement. The information is shared with sponsors to provide a description of the Provisional Member's work to assist you in the completion of the Sponsorship Form. Please note however, that the information that you provide using the Sponsorship Form should be in your own words and only reference the Provisional Member's work that you have direct experience of.



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Declaration Page

To be completed by the Provisional Member

Provisional Member Name: _____

OPFA Membership Number: _____

Declaration

I recognize that under the *Professional Foresters Act* a person commits an offence if they apply 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: _____

PROVISIONAL MEMBER WORK HISTORY

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Employer and Location(s)	Position (Job title/project name)
Full-time	Part-time	Hours/Week (required if part-time)	
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)
Full-time	Part-time	Hours/Week (required if part-time)	
Specific Duties Performed			
Supervisor Name			
Signature of Supervisor			
Date Signed			
Supervisor/Company Contact Information			
Supervisor Comments (optional)			

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Supervisor Name			
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Supervisor/Company Contact Information			
Supervisor Comments (optional)			