

VOLUNTEER REGISTRATION FORM

(for pre-disaster & disaster volunteer registration)

(please print clearly)



Personal Information

Last Name:	Given Name(s):	Name(s) You Go By:	[Mr] [Ms] [Miss] [Mrs]
Street Address:		City:	Postal Code:
Mailing Address (if different):		City:	Postal Code:
Home Phone ()	Home Fax: ()	Cell/Pager: ()	
Date of Birth (optional): YYYY/MM/DD		Home Email Address:	

Employment Information (optional)

Place of Employment:			
Work Address:		City:	Postal Code:
Work Phone: ()	Work Fax: ()	Cell/Pager: ()	
Occupation:		Work Email Address:	

In case of emergency notify:

Last Name:	First Name:	Relationship:	
Address:	City:	Home Phone: ()	Work Phone: ()

Do you have a valid BC Driver's Licence? ☐ Yes ☐ No Class _____

Driver Licence Number: _____ Expiry Date: _____

Are you willing to travel outside your community? ☐ Yes ☐ No

Do you have personal transportation? ☐ Yes ☐ No

Fluency Level of English:

☐ Speak Only ☐ Read Only ☐ Fluent

Languages other than English (specify): _____

☐ Speak Only ☐ Read Only ☐ Fluent ☐ Willing to provide translation service

Experience: Do you have any of the following skills or training? (indicate with a check mark)

<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Food Safe Certificate	<input type="checkbox"/> Pet Care
<input type="checkbox"/> Cell Sign: _____	<input type="checkbox"/> BC Games Society - Northern, Winter, Summer, Seniors, or Disability Games	<input type="checkbox"/> Recreation Instructor
<input type="checkbox"/> Child Care (qualified/certified)	<input type="checkbox"/> Homemaker Services	<input type="checkbox"/> Search and Rescue
<input type="checkbox"/> Clothing Services/Retail	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Security
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Teacher
<input type="checkbox"/> Counselling Services	<input type="checkbox"/> Lodging Services	<input type="checkbox"/> Tourism & Hospitality
<input type="checkbox"/> Editor/Writer	<input type="checkbox"/> Managerial Services	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Medical Services (please specify)	<input type="checkbox"/> Volunteer Services
<input type="checkbox"/> First Aid (current certification)		<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Food Services		_____

List any previous ESS training or emergency/disaster experience:

Are you an active member of:

- ☐ ESS Team ☐ Canadian Red Cross ☐ St John Ambulance ☐ The Salvation Army
☐ Other (specify) _____

Possible Assignment:

Volunteers are needed for the following duties. *Please select 3 areas that you would be willing to work in and indicate your preferences by numbering them 1-3 (with 1 being your first choice).*

Meet & Greet – welcome evacuees and direct them to the appropriate service area.	Child Care – provide therapeutic play for children (criminal record check required).	
Registration, Inquiry & Referrals Worker– register evacuees, take inquiries about friends and family members and provide referrals for services required.	Pet Care – register, feed, exercise and care for domestic pets.	
Resource Acquisition – acquire and manage sources of food, clothing and lodging.	Transportation – assist with driving if licensed and insured.	
Emotional Support Services – provide emotional support for evacuees and ESS Workers.	First Aid – specify certification.	
Special Needs – assist people with special needs, eg. frail elderly, people with disabilities.	Information Technology – computer technical skills, amateur radio.	
Food Services – provide refreshments for evacuees.	Recreation – provide activities for all ages and special needs groups.	
Volunteer Services – recruit, train, assign and support volunteers.	Runner – pick up and deliver supplies from one station to another.	
Administrative Services – clerical support including data entry.	Other	

Willing to work anywhere needed? ☐ Yes ☐ No

Do you have any health problems or restrictions that might affect your volunteer work?

Yes ☐ No ☐ If yes, please specify: _____

Availability: (Please state preferences – days/times) _____

☐ I have read and agree to adhere to the Standards of Conduct for ESS Workers.
If I do not do so, I may be subject to dismissal.

Signature of Applicant

Date

Parent or Guardian (if applicant is age 13 to 18 years inclusive)

Date

OFFICE USE ONLY

Starting Date: _____ Area Placed: _____

Comments: _____

Interviewer: _____ Date: _____