



100 MILE HOUSE EMERGENCY SOCIAL SERVICES VOLUNTEER REGISTRATION FORM



(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: ()		E-Mail:	

Employment Information (Optional)

Place of Employment:		
Work Address:	City:	Postal Code:
Work Phone: ()	Work Fax: ()	
Occupation:	Work E-Mail:	

In Case of Emergency Notify:

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

Languages other than English (specify): _____
 Speak Only Read Only Fluent
 Willing to provide translation service YES NO

Experience: Please indicate if you have any of the following skills or training?

<input type="checkbox"/> Amateur Radio Call Sign: _____ <input type="checkbox"/> Child Care (qualified/certified) <input type="checkbox"/> Clothing Services/Retail <input type="checkbox"/> Computer Skills <input type="checkbox"/> Counseling Services <input type="checkbox"/> Editor/Writer <input type="checkbox"/> Financial Services <input type="checkbox"/> First Aid (current certification) <input type="checkbox"/> Food Services	<input type="checkbox"/> Food Safe Certificate <input type="checkbox"/> BC Games Society – Northern, Winter, Summer, Seniors, or Disability Games <input type="checkbox"/> Homemaker Services <input type="checkbox"/> Interviewing <input type="checkbox"/> Sign Language <input type="checkbox"/> Lodging Services <input type="checkbox"/> Managerial Services <input type="checkbox"/> Medical Services (please specify) _____	<input type="checkbox"/> Pet Care <input type="checkbox"/> Recreation Instructor <input type="checkbox"/> Search & Rescue _____ <input type="checkbox"/> Security <input type="checkbox"/> Teacher <input type="checkbox"/> Tourism & Hospitality <input type="checkbox"/> Traffic Control <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Other (please specify) _____
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Do you have a valid BC Driver's Licence? YES NO Class: _____
 Driver Licence No & Expiry date: _____

Do you have Personal Transportation? YES NO

If needed are you willing to travel outside your community? YES NO

Are you an active member of: ESS Team Canadian Red Cross
 St. John Ambulance Salvation Army
 Other: _____

List any previous ESS training or emergency/disaster related experience:

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

Meet & Greet – welcome evacuees and direct them to the appropriate service area			
Emotional Support Services – provide emotional support for evacuees and ESS workers			
Registration, Inquiry & Referrals Worker – registers evacuees, take inquiries about friends and family members and provide referrals for services required			

Willing to work anywhere needed? YES NO

Availability: _____
(Please state preferences of days and times)

Do you have any health problems or restrictions that might affect your volunteer work? YES NO

If yes, please specify: _____

Signature of Applicant

Date

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

Date

OFFICE USE ONLY

Area Placed:

Date Starting:

The information on this form is being collected to process your application for volunteering in accordance with the Freedom of Information & Privacy Act and under the authority of the Municipal Act for the purpose of determining your eligibility for volunteering with Emergency Social Services

100 Mile House Fire-Rescue Services
Box 340
385 Horse Lake Road
100 Mile House, BC V0K 2E0