



# ESS Volunteer Application 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: ( )			
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:		Cell phone:		Home Phone:		Work Phone:	

### Out of Area Contact:

In the event of a disaster in the Lower Mainland, it will be very difficult to make telephone calls using either landline or cell phones. As long distance calling lines will be more available than local calling lines, you should choose someone (preferably out of province or east of Kamloops) to act as an information link, so that family members can call and check in, both providing to and receiving information from your contact.

Name	Home Phone	Work Phone	Cell Phone
Address		City, Province/Country	

### Medical Information:

	Yes	No	Please Specify
Do you suffer from any serious medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any life threatening allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wear a Medic Alert Tag?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you carry medication with you at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
Service limitations (i.e. physical – no heavy lifting)	<input type="checkbox"/>	<input type="checkbox"/>	
			DATE OF BIRTH (mm dd year):

### Fluency Level of English:

Speak Only  Read Only  Fluent

### 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?** (indicate with a check mark)

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

**Do you have a valid BC Driver's Licence?** Yes  No  Class \_\_\_\_\_

**Do you have Personal Transportation?** Yes  No  Driver Licence No & Expiry date: \_\_\_\_\_

**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   
The 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).

Willing to work anywhere needed? Yes  No

<b>Meet &amp; Greet</b> – welcome evacuees and direct them to the appropriate service area.	<b>Child Care</b> – provide therapeutic play for children (criminal record check required).
<b>Initial Response Team – (PDA) or Level 1</b> - assist people or families who are forced to leave their home because of fire, floods or other emergencies.	<b>Pet Care</b> – register, feed, exercise and care for domestic pets.
<b>Resource Acquisition</b> – acquire and manage sources of food, clothing and lodging.	<b>Registration, Inquiry &amp; Referrals Worker</b> – registers evacuees, take inquiries about friends and family members and provide referrals for services required.
<b>Emotional Support Services</b> – provide emotional support for evacuees and ESS Workers.	<b>First Aid</b> – specify certification.
<b>Special Needs</b> – assist people with special needs, e.g. frail elderly, people with disabilities.	<b>Information Technology</b> – computer technical skills, amateur radio.
<b>Food Services</b> – provide refreshments for evacuees.	<b>Recreation</b> – provide activities for all ages and special needs groups.
<b>Volunteer Services</b> – recruit, train, assign and support volunteers.	<b>Runner</b> – pick up and deliver supplies from one station to another.
<b>Administrative Services</b> - clerical support including data entry.	<b>Transportation</b> – assist with driving if licensed and insured.

**Availability:** (Please state preferences of days and times) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if applicant is under 18 years of age)

\_\_\_\_\_  
Date

*The personal information requested on this form is necessary for the operation of the Maple Ridge/Pitt Meadows Emergency Program. Pursuant to the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c.165 this personal information will only be used for the purpose of this program or a directly related or consistent program. If you have any questions about the collection or use of your personal information, please contact the Program Coordinator for further information.*