



Community Assistance (ESS)

VOLUNTEER APPLICATION

The following are the requirements to register as a volunteer:

- Be 18 years of age and in good health, unless otherwise authorized by the Emergency Program Manager
- Complete and pass a Criminal Records Check with the Nanaimo RCMP (updated every two years)
- Authorize the release of your driving record from the Motor Vehicle Branch, if involved in transportation and requested to do so

| | | | |
|----------------|-------------------|--------------------|----------------------|
| Name | Home Phone | Work Phone | Cell Phone |
| Address | City | Postal Code | Email Address |

Do you have any of the following skills or training?

- | | | |
|---|---|---|
| <input type="checkbox"/> Amateur Radio Call Sign <hr/> <input type="checkbox"/> Building Inspection/Engineer (please give details) <hr/> <input type="checkbox"/> Child Care <input type="checkbox"/> Computer Skills <input type="checkbox"/> Counselling Services <input type="checkbox"/> Current First Aid expiry date: _____ <input type="checkbox"/> Driver's License | <input type="checkbox"/> Food Services <input type="checkbox"/> Food Safe Certificate <input type="checkbox"/> Interviewing <input type="checkbox"/> Languages/Interpretation (please specify) <hr/> <input type="checkbox"/> Lodging Services <input type="checkbox"/> Managerial Services <input type="checkbox"/> Medical Services (please specify) <hr/> | <input type="checkbox"/> Pet Care <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Security <input type="checkbox"/> Teacher <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (please specify) <hr/> <input type="checkbox"/> Previous Training or Experience (please specify) <hr/> |
|---|---|---|

| NEXT OF KIN | | | |
|----------------|-------------------|-------------------------------|-------------------|
| Name | Home Phone | Work Phone | Cell Phone |
| Address | | City, Province/Country | |

******PLEASE COMPLETE REVERSE******

OUT OF AREA CONTACT

In the event of a disaster in Nanaimo, it may be difficult to make telephone calls using landlines or cell phones. As long distance calling lines may be more available than local calling lines, choose someone (preferably out of province or on the mainland) to act as an information link for family members to check in.

| | | | |
|----------------|-------------------|-------------------------------|-------------------|
| 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"/> | |
| BC CARE CARD NUMBER: | DATE OF BIRTH (mm dd year): | | |

REFERENCES

Please provide 3 references (not family or friends) eg. co-workers, teachers, managers

| Name | Phone | Email |
|-------------|--------------|--------------|
| Name | Phone | Email |
| Name | Phone | Email |

Emergency Program volunteers are required to:

- Maintain confidential all personal information that may come to you through your involvement in the Nanaimo Emergency Program.
- Take part in exercises, training and operations in accordance with Nanaimo Emergency Program policies and procedures.
- Complete all required training within a reasonable period of time and maintain a current level of training, updating when required.
- Obey all traffic signals and laws when responding for duty and while on duty.
- Not represent themselves as agents of the City of Nanaimo or the Province of British Columbia.
- Not comment to the media on any operations, present or past, unless specifically given instruction to do so by the Information Officer.
- Not report for duty while under the influence of alcohol or drugs.
- Never misrepresent themselves, their training or their skills to any organization or individual.

I confirm that I will adhere to all requirements stated above:

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

The personal information requested on this form is necessary for the operation of the Nanaimo Emergency Program of the City of Nanaimo. 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 Manager for further information (250-753-7311).