



100 Mile & District Emergency Support Services Volunteer Application

CONTACT INFORMATION	
First Name:	Last Name:
Email Address:	
Phone Number:	Mobile Number:
Are you: 16-18 <input type="checkbox"/> 19-59 <input type="checkbox"/> 60+ <input type="checkbox"/>	
What do you know about Emergency Support Services?	
Why do you want to volunteer with 100 Mile & District Emergency Support Services?	
Have you ever worked or volunteered in Emergency Management? List any previous Emergency Support Services training or emergency/disaster related experience	
How did you hear about volunteering with 100 Mile & District Emergency Support Services?	
Are you an active member of: Select all that apply	
<input type="checkbox"/> Another Emergency Support Services Team <input type="checkbox"/> Canadian Red Cross <input type="checkbox"/> St. John Ambulance	
<input type="checkbox"/> Salvation Army <input type="checkbox"/> Other: _____	
Do you speak any languages Other than English?	
_____ Fluent <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Willing to provide translation services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Fluent <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Willing to provide translation services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any certifications?	
<input type="checkbox"/> Food Safe <input type="checkbox"/> First Aid, current level 1, 2, 3 <input type="checkbox"/> Child Care (qualified/certified)	
<input type="checkbox"/> Other: _____	



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Do you have experience in any of the following areas? Select all that apply

Amateur Radio, Call Sign _____
 Search & Rescue
 Pet Care
 Security
 Sign Language
 Traffic Control
 Counselling Services
 Clothing Services/Retail
 Volunteer Management
 Teacher
 Homemaker Services
 Tourism & Hospitality
 Lodging Services
 Financial Services
 Media Relations/Communications
 Food Services
 Recreation Instructor
 Computer Skills
 Interviewing Skills
 Editor/Writer
 Managerial Services
 Medical Services (please specify) _____
 BC Games Society – Northern, Winter, Summer, Seniors, Disability

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 - 4 (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
	Social Media & Website Specialist or other	

Are you willing to work anywhere needed? Yes No

When are you available to volunteer? Select all that apply			<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekends	<input type="checkbox"/> Winter
<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

Other: _____



Signature of Applicant: _____ Date: _____

Parent or Guardian: _____ Date: _____

(If applicant is age 16 to 18 years inclusive)

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 Support Services