



COWICHAN VALLEY EMERGENCY PROGRAM

VOLUNTEER APPLICATION FORM



PERSONAL INFORMATION

Last Name:		Given Name(s):		Name(s) You Go By:	
Street Address:			City:		Postal Code:
Mailing Address (if different):			City:		Postal Code:
Primary Phone # : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()			Secondary Phone # : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		
Date of Birth (optional):			Email Address:		

EMERGENCY CONTACT INFORMATION:

Last Name:		First Name:		Relationship to me:	
Address:		City:	Primary Phone: ()	Secondary Phone: ()	

Do you have a valid Driver's License? ☐ Yes Class: _____ ☐ No

Languages spoken/written other than English (specify): _____

SKILLS or EXPERIENCE

<input type="checkbox"/>	Administrative Support	<input type="checkbox"/>	Emotional Support	<input type="checkbox"/>	Search & Rescue
<input type="checkbox"/>	Animal Care	<input type="checkbox"/>	Fire Rescue	<input type="checkbox"/>	Seniors / Disabled Support
<input type="checkbox"/>	Emergency Communications (Call Sign _____)	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Training / Instruction
<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	First Responder	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Community Recovery	<input type="checkbox"/>	Food Services	<input type="checkbox"/>	Volunteer Management
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Labourer (heavy lifting)	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Emergency Social Services	<input type="checkbox"/>	Personnel Management	<input type="checkbox"/>	

DISASTER RELATED TRAINING/CERTIFICATION:

Training or Certification (please provide copies of certifications) _____

POSSIBLE AREAS OF INTEREST:

Select area(s) that you would be willing to work in and indicate your preferences by numbering them 1-3 (with 1 being your first choice)

	#		#
Promote emergency preparedness and Local Emergency Response Neighbourhood (LERN). Volunteers promote emergency preparedness within their community and learn through the (LERN) training how to be better prepared to assist their neighbours to prepare for, respond to and recover from emergencies or disasters.		Emergency Disaster Assistance. Emergency Social Services Volunteers are the “heart of disaster response” and help to preserve the well-being of people impacted by emergencies or disasters. Their goal is to empower people to re-establish themselves as quickly as possible after a disaster.	
Support emergency communications during large scale emergencies or disasters. Emergency Communications Volunteers support emergency communications (amateur radio) during large scale emergencies or disasters. They may provide Emergency Communications at their own station or at designated communication sites.		Support Community Recovery after a disaster. Community Recovery Volunteers help people impacted by a disaster to connect with community resources to begin the process of rebuilding their lives as soon as possible after a disaster.	
Search and Rescue teams conduct searches for lost or missing people. Search and Rescue Volunteers support SAR operations in finding and rescuing lost, missing, or trapped people. Volunteers may perform ground, swift water, avalanche or high angle rescues.		Support the Volunteer Fire Rescue. Fire Rescue Volunteers support the community by responding to emergency callouts to fight fires, extricate trapped passengers and provide emergency medical assistance.	

Please indicate times you are available to volunteer (place check mark beside times that apply):

	WEEKDAYS	WEEKENDS	SPECIFIC DAYS	ANYTIME
Mornings				
Afternoons				
Evenings				
Nights				

Are you available on short notice? ☐ Yes ☐ No

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

☐ Yes ☐ No (If yes, please discuss with us.)

I certify that all answers given by me on this Volunteer Application form are true, and complete to the best of my knowledge

Signature of Applicant

Date

Signature of Parent/Guardian (If Applicant is age 16 – 18 inclusive)

Date