

Emergency Support Services Volunteer Application Form

Personal Information

Application Date (YYYY/MM/DD):		[Mr.] [Ms.] [Miss] [Mrs.]	
First Name:		Last Name:	
Preferred Name:		Date of Birth (YYYY/MM/DD):	
Street Address:		Town:	Postal Code:
Mailing Address (if different):		Town:	Postal Code:
Primary Phone:		Secondary Phone:	
Email Address:			

Employment Information

Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, current position:		Place of Employment:
Work Address:		Town: Postal Code:
Work Phone:		Work Email, if applicable:
Emergency callouts may occur at any moment, day or night. Is your place of employment able to accommodate callouts during scheduled work hours?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
Employers are welcome to contact the Emergency Program Coordinator at ESS@tofino.ca for more information.		

Knowledge and Skills

<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Food Services	<input type="checkbox"/> Pet Care	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Childcare	<input type="checkbox"/> Interviewing Skills	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> Volunteer Services
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Language/Translation	<input type="checkbox"/> Security Services	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Counselling Services	<input type="checkbox"/> Managerial Skills	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Medical (specify) _____	<input type="checkbox"/> Teacher/Coach	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> First Aid	<input type="checkbox"/> _____	<input type="checkbox"/> Tourism/Hospitality	<input type="checkbox"/> _____

Do you speak and write English fluently: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you fluent in any other languages: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please specify:	
Have you previously volunteered with any ESS Teams or Red Cross? If yes, please specify:	

Please list any other relevant courses, certificates, or experiences.	
ESS Team members will be required to complete continual training. Are you willing to obtain further education as provided by the District of Tofino and Emergency Management and Climate Readiness BC?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Transportation

ESS Team members are responsible for transporting themselves to the applicable reception centre.	
Do you have a valid driver's license:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to travel outside your community:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Medical Information

Do you live with any medical conditions:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify:	
Do you have any life-threatening allergies:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify:	

Emergency Contact

First Name:	Last Name:	Relationship:
Primary Phone:		Secondary Phone:
Address:		

Reference

First Name:	Last Name:	Relationship:
Primary Phone:		Secondary Phone:

Administration

I am willing to complete a Police Information Check and Vulnerable Sector search.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicant Name (print):	
Applicant Signature:	Date (YYYY/MM/DD):

Personal information on this form is being collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act. Should you require assistance or have question about the information collected on this form, please contact the Privacy Officer at corporateservices@tofino.ca or 250-725-3229 or during the office hours at Municipal Hall, 121 Third Street, Tofino, BC.