

Emergency Response Worker Out of Area Deployment Volunteer Application Form

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: () ()	
Date of Birth: (optional) _____ or <input type="checkbox"/> confirm my age to be 19 or greater YYYY/MM/DD		Home E-mail Address:	

Employment Information

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:	City:	Home Phone: () ()	Work Phone: () ()
Last Name:	First Name:	Relationship:	
Address:	City:	Home Phone: () ()	Work Phone: () ()

Name of disaster response organization: _____ **PEP Region:** _____

Current disaster response position: _____

Do you have a valid BC Driver's Licence? Yes No Class _____

Do you have personal transportation? Yes No

Languages other than English (specify): _____
 Speak Only Read Only Fluent Will translate

Experience: Do you have any of the following skills or training? (Indicate with a check mark)

<input type="checkbox"/> Amateur Radio Call Sign: _____ <input type="checkbox"/> Child Care (qualified/certified) <input type="checkbox"/> Computer Skills <input type="checkbox"/> Counselling Services <input type="checkbox"/> First Aid (current certification) <input type="checkbox"/> Food Services <input type="checkbox"/> Food Safe (current certification)	<input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Languages/Interpretation <input type="checkbox"/> Lodging Services <input type="checkbox"/> Managerial Services <input type="checkbox"/> Medical Services (Please specify) _____ <input type="checkbox"/> Pet Care	<input type="checkbox"/> Recreation <input type="checkbox"/> Security <input type="checkbox"/> Teacher/Instructor <input type="checkbox"/> Traffic Control <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Other (Please specify) _____
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Training: List all emergency services training courses/workshops taken during the past five years.

Disaster Experience: What field experience, if any, do you have in providing emergency services?

Year	Name of Disaster	Job Function

Commitment to Disaster Response Work : Please indicate if you are an active member of any of the following organizations:

- ESS Team Canadian Red Cross St John Ambulance The Salvation Army
 SAR Emergency Communications Other (specify) _____

Have you applied and been accepted by the Canadian Red Cross for Disaster Operations Volunteer Experience (DOVE)?
 Yes No

How long have you been involved in disaster preparedness activities?

How long have you been involved in Emergency Response?

Do you intend to continue in your current disaster response role?

Health: Please read the enclosed "Thinking of Volunteering for a Disaster Assignment" and answer the following:

Do you have any health problems or restrictions that might affect your ability to perform the necessary volunteer work under adverse conditions or that might endanger you or others when you are responding?

- Yes No

Availability: As an Emergency Response Worker you may be asked to respond on short notice and commit to a minimum of 7 days when called out on response.

Do you anticipate any challenges in meeting this requirement? Please explain.

Do you have the support and consent of your family to volunteer in this capacity? Yes No N/A

If you work, do you also have the support and consent of your employer? Yes No N/A

If you are employed, explain the process and amount of time required to be released from work commitments:

The information gathered in the Out of Area Deployment Application package will be used by your Emergency Program Coordinator for assessing your application.

Consent

I give my consent to the Province of British Columbia to confirm the information contained in this application. I also give my permission for the release of my Emergency Management training records from the Justice Institute of British Columbia, and any other emergency training organization, to the Provincial Emergency Program.

Signature of Applicant

Date