



# Emergency Management BC

## Public Safety Lifeline Volunteer Registration Form

Registration Number: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Notes: \_\_\_\_\_  
(PEP HQ use only)

October 2008

<b>Identification (ID) Card</b>	<input type="checkbox"/> <b>Card Requested</b>		<input type="checkbox"/> <b>Registration Only (NO CARD REQUESTED)</b>	
	<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Replacement	<input type="checkbox"/> Edit Only (Information Changes)

**Photo**

<input type="checkbox"/> Reuse Current Photo	<input type="checkbox"/> Photo Attached <sup>1</sup>	<input type="checkbox"/> Photo Emailed
	<input type="checkbox"/> Photo on Disk / CD	<input type="checkbox"/> Photo (to be sent in later)

**Discipline**

<input type="checkbox"/> Emergency Social Services	<input type="checkbox"/> PEP Air
<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> Highway Rescue
<input type="checkbox"/> General Service	<input type="checkbox"/> Emergency Radio Communications

**Group/Team Location:**

**PEP Region**

<input type="checkbox"/> North East	<input type="checkbox"/> Central	<input type="checkbox"/> Vancouver Island
<input type="checkbox"/> North West	<input type="checkbox"/> South East	<input type="checkbox"/> South West

<b>Last Name:</b>		<b>Residence Phone #</b>			
<b>First Name</b>		<b>Business Phone #</b>			
<b>Address</b>		<b>Other# (cell/pager/fax)</b>			
<b>City</b>	<b>Postal Code</b>	<b>Home Email</b>			
<b>Emergency Contact Person / Relationship</b>		<b>Business Email</b>			
<b>Address</b>		<b>Driver's License #</b>			
<b>City</b>	<b>Postal Code</b>	<b>Driver's License Expiry Date</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>
<b>Residence Phone#</b>	<b>Business Phone #</b>	<b>Birth date</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>

<b>Volunteer Signature</b>	<b>Date</b>	
<b>Parent/Guardian<sup>2</sup> Signature</b>	<b>Date</b>	
<b>Group/Team Leader</b>		
_____	_____	_____
<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
<b>Regional Manager</b>		
_____	_____	_____
<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC EMERGENCY PROGRAM ACT, PART 2, SECTION 4 (2)(H) AND PEP POLICY. THE INFORMATION IS USED TO PRODUCE IDENTIFICATION CARDS AND MAY BE USED TO SUPPORT EMERGENCY OPERATIONS. QUESTIONS REGARDING THE COLLECTION USE OR DISCLOSURE OF THIS INFORMATION SHOULD BE DIRECTED TO THE MANAGER OF TRAINING EXERCISE AND VOLUNTEER PROGRAMS - 1 800 663 3456

1 Passport sized black and white or colour head and shoulders photograph  
 2 Parent/guardian consent required for volunteers 16 – 18 years old.