



**Emergency Social Services - Burnaby**  
**Volunteer Registration Form**  
 (for pre-disaster & disaster volunteer registration)  
 (please print clearly)



**Personal Information**

Last Name:		Given Name(s):		Names(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): YYYY/MM/DD				Home EMail Address:			

**Employment Information (optional)**

Place of Employment:							
Work Address:				City:		Postal Code:	
Work Phone: ( ) ( )		Work Fax: ( ) ( )			Cell/Pager: ( ) ( )		
Occupation				Work E-Mail Address			

**In case of emergency notify:**

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

**Do you have a valid B.C. Driver's Licence?**      ' Yes      ' No      Class \_\_\_\_\_  
 Driver Licence Number \_\_\_\_\_      Expiry Date \_\_\_\_\_

**Are you willing to travel outside your community?**      ' Yes      ' No

**Do you have personal transportation?**      ' Yes      ' No

**Fluency Level of English:**  
     ' Speak Only      ' Read Only      ' Fluent

**Languages other than English (specify)** \_\_\_\_\_  
     ' Speak only      ' Read only      ' Fluent      ' Willing to provide translation service

**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"/> Clothing Services/Retail <input type="checkbox"/> Computer Skills <input type="checkbox"/> Counselling Services <input type="checkbox"/> Editor/Writer <input type="checkbox"/> Financial Services <input type="checkbox"/> First Aid (current certification) <input type="checkbox"/> Food Services <input type="checkbox"/> Food Safe Certificate	<input type="checkbox"/> BC Games Society - Northern, Winter, Summer, Seniors, or Disability Games <input type="checkbox"/> Homemaker Services <input type="checkbox"/> Interviewing <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 Instructor <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Security <input type="checkbox"/> Teacher <input type="checkbox"/> Tourism & Hospitality <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Other (please specify) _____ _____
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**List any previous ESS training or emergency/disaster experience:**

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**Are you an active member of:**

St. John Ambulance    Red Cross    Victim Services    Salvation Army    ESS Team    Other (specify)

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**Possible Assignments:**

Volunteers are needed for the following duties. Please select 3 areas that you would be willing to work in and indicate your preferences by numbering them 1 - 3 (with 1 being your first choice).

<b>Registration &amp; Inquiry</b> - register evacuees and assist them with inquiries about family members.		<b>Meet &amp; Greet</b> - welcome evacuees and direct them to the appropriate service area.	
<b>Emotional Support</b> - assist people with special needs and provide emotional support.		<b>Service Provider</b> - Register evacuees and provide referrals for food, clothing and lodging. Select one area preferred: <input type="checkbox"/> <b>Clothing:</b> finding resources, assessing needs, distributing clothing on site; <input type="checkbox"/> <b>Food:</b> finding resources, assessing needs and assist with feeding of volunteers and/or evacuees; <input type="checkbox"/> <b>Lodging:</b> finding resources, assessing needs and coordinating group lodging.	
<b>Pet Care Worker</b> - feed, exercise and care for domestic pets.			
<b>Volunteer Services</b> - recruit, train, assign and support volunteers.			
<b>Transportation</b> - may assist with driving if certified and may provide large vehicles.			
<b>Interpreter</b> (specify)			
<b>Communications</b> - Amateur radio.		<b>First Aid:</b> Specify certification.	
<b>Childcare</b> - Provide therapeutic play for children. (criminal record check required).		<b>Runner:</b> Pick up and deliver supplies or messages from one station to another.	
<b>Personal Disaster Assistant</b> - assist in small disaster		<b>Documentation</b> - clerical and data support.	

- Willing to work anywhere needed?  Yes  No
- Do you have any health problems or restrictions that might affect your volunteer work?  Yes  No  
If yes, please specify \_\_\_\_\_
- Availability (please state preferences - days/times). \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if applicant is age 13 to 18 years inclusive)

\_\_\_\_\_  
Date

<b>Office Use Only</b>
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 Social Services Burnaby.