

VOLUNTEER APPLICATION

Name (surname, first, initial) _____

Time Available _____

Address (include postal code) _____

Occupation _____ **Cell Phone #** _____

Phone (home) _____ **(work) #** _____ **Special Training** _____

Driver's Licence # _____ **Languages other than English** _____

Speak only **Read only** **Speak & read**

EXPERIENCE (in what capacity?)

- | | | |
|----------------------------------------------|-----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Amateur Radio | <input type="checkbox"/> Language Interpreter | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> First-Aid | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Clerical Services | <input type="checkbox"/> Food Services | <input type="checkbox"/> Gas Fitter |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> Managerial Services | <input type="checkbox"/> Security |
| <input type="checkbox"/> Structural Engineer | <input type="checkbox"/> Counselling Service | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> Long Term Care for Elderly | <input type="checkbox"/> Fireman |
| <input type="checkbox"/> Other _____ | | |

FOR SUPERVISOR USE ONLY

Volunteer Suitable for:

Name Functions:

Location: _____

For what period of times and days : _____

Comments:

Signature of Volunteer completing this form: _____ **Date:**

Take this check list with you. It is intended to assist volunteers prepare themselves. **Prior to leaving** the office or home and when initially arriving at the school emergency site. **WRITE IT DOWN**

NOTIFICATION

- Notified by _____
- Date and time _____
- Type of Emergency _____ Report to: _____
- Report to the school gate and ask Site Security for above person _____
- Receive Instructions and assignments: _____

PERSONAL

- Tell family your destination and how to contact you _____
- Give family your cellular number and EOC number _____
- Take your personal Disaster Kit (Backpack) _____
- Take prescription glasses and /or sun glasses _____
- Take Prescription medication and other medicines such as aspirin _____
- Take with you a list of peers and advisors to contact for advice _____
- Take identification, checkbook, ATM (Credit Card) and cash including coins _____

IMMEDIATE ACTIONS

- Check on safety of Family _____
- Assist in any immediate neighbourhood life saving activities _____
- Begin personal log _____
- If you are to report to the EOC, or site, determine best available route and best type of transportation. Be sure to have identification with you.
- If at work, attend to the safety of other employees, deal with personal/home matters and re-assign priority duties. Inform supervisor or other employees if you leave your worksite.
- Report to your assigned duties at the site. _____
- Obtain briefing and assignment _____
- Determine any other location or staging area you are to attend and means of transportation. _____
- Report to assigned location or staging area and obtain situation briefing and assignments.
- Ensure your arrival and location of assignment is recorded by a supervisor. _____
- Obtain all necessary safety/survival equipment and procedures. _____
- Obtain appropriate forms. _____
- Log all calls, information and action taken on a Task Report. If working elsewhere, maintain a personal log of activities with the times they occurred and action