



Town of Milk River Emergency Support Services Volunteer Registration Form

Personal Information

Last Name:	Given Name(s): Go By:	Name(s) You	[Mr] [Ms] [Miss] [Mrs]
Street Address:		Town:	Postal Code:
Mailing Address (if different):		Town:	Postal Code:
Home Phone ()	Home Fax: ()	Cell/Pager: ()	
Email Address:			

Employment Information (optional)

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:	Cell phone:	Home Phone:	Work Phone:

Languages other than English (specify): _____

Speak Only Read Only Fluent Willing to provide translation service Yes No

Interest in helping: Please indicate the following areas you are willing to help or skills/training?

<input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Sign Language	Other Skills Not Mentioned
Call Sign:	<input type="checkbox"/> Lodging Services	
<input type="checkbox"/> Child Care (qualified/certified)	<input type="checkbox"/> Medical Services (please specify)	
<input type="checkbox"/> Clothing Services		
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Pet Care	
<input type="checkbox"/> Counseling Services	<input type="checkbox"/> Search and Rescue	
<input type="checkbox"/> Editor/Writer	<input type="checkbox"/> Security	
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Traffic Control	
<input type="checkbox"/> First Aid (current certification)	<input type="checkbox"/> Volunteer Services	
<input type="checkbox"/> Food Services	<input type="checkbox"/> Other (please specify)	

Do you have a valid AB Driver's License? Yes No Class

Driver License No & Expiry date:

Do you have Personal Transportation? Yes No

If needed are you willing to travel outside your community? Yes No

Are you an active member of: ESS Team Canadian Red Cross St John Ambulance
The Salvation Army Please indicate others:

Are you willing to be called and to respond for emergencies at any hour of the day/night?

Yes No

Availability: (please indicate days and times)

Do you have any health problems or restrictions that might affect your volunteer work? Yes No

If yes please specify

What attracted you to Emergency Support Services?

What do you hope to obtain by volunteering with our team?

What have you enjoyed about previous volunteer work?

Signature of Applicant

Date

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

Date

Office Use Only
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 Support Services.

Town of Milk River
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email: communityinfo@milkriver.ca