



www.acrd.bc.ca essd@acrd.bc.ca

Alberni Valley Emergency Support Services (AV ESS) Volunteer Application Form

Personal Information

First Name:	Last Name:
Street Address:	City / Electoral Area:
Mailing Address (if different):	
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	

Emergency Contact Information

First Name:	Last Name:
Relationship:	Address:
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	

Transportation

You will be responsible for transporting yourself to the site of an emergency.

Do you have a valid Class 5 BC Driver's License? Yes No

Are you able to transport yourself to an emergency site? Yes No



ESS / Emergency Experience

Do you have any previous ESS training or emergency/disaster experience? Please explain below.

Language and Cultural Proficiencies

Effective communication is extremely important to ensure understanding & comprehension.

Do you speak and write English fluently? Yes No

Are you fluent in any other languages? Yes No

If so, please explain: _____

Do you have cultural awareness and understanding of a minority group and are you willing to provide multicultural &/or translation services at an emergency if needed. Please explain:

Knowledge and Skills

Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Amateur Radio | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Counselling Services |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Food Services | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Food Safe Certification | <input type="checkbox"/> HR/ Interviewing |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Recreation Instructor | <input type="checkbox"/> Managerial Services |
| <input type="checkbox"/> First Aid (current) | <input type="checkbox"/> Tourism & Hospitality | <input type="checkbox"/> Medical (specify) |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Volunteer Services | <div style="border: 1px solid black; height: 40px;"></div> |
| <input type="checkbox"/> Security | <input type="checkbox"/> Child Care (certified) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Language/Translation | <div style="border: 1px solid black; height: 40px;"></div> |

Additional Information & Availability

How did you hear about the Alberni Valley ESS Program?

Newspaper

Social Media

Website

Radio

Friend

Special Event

Civic Info

Other

I am interested in responding to the following activation levels:

Level 1: typically 12 people or less (ie. house fire) & on regular call-out schedule

Level 2: typically more 12 people (ie. apartment fire, neighbourhood evacuation, flood)

Level 3: a major community disaster (ie. tsunami, wildfire, earthquake)

I willing and available to respond to emergencies during the: Day Night

References

Please provide two references for information verification.

Name (please print)	Phone Number	Email (optional)

Administration & Declarations

Note: This section should be completed after the interview process and upon review and understanding of required training and documentation.

I will complete ESS basic training requirements. Yes

I have read and agree to adhere to the Code of Conduct of ESS Workers. Yes

I have read and agree to the AV ESS Standards of Care. Yes

I am willing to complete a Police Information Checks and Vulnerable Sector Search? Yes

I agree to follow health and safety policies and procedures. Yes

Applicant Name (print): _____

Applicant Signature: _____ Date: _____