



Smoky River Emergency Social Services Volunteer Application

Please print

First Name..... Last Name.....
Address..... City/Postal.....
Phone #1..... Phone #2.....
Date of Birth..... Spouse's Name.....

Personal Information (please circle correct response):

Gender: Male Female Other

Physical Limitations: No Yes (if yes please explain)

Former work/occupation..... Most recent employer (optional).....

List previous volunteer experience.....

Skills (List your skills and indicate ability level) Skilled Can Teach Amateur

- 1.....
2.....
3.....

Languages Fluent Read Write

- 1.....
2.....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5 Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: Do you own a reliable vehicle? Yes / No

Do you have a current Criminal Record Check Yes/No and/or Child & Youth Intervention (CYIM) Check Yes/No

Would you consider becoming a key point person in designated Reception Centre positions? Yes/No

For example: Registration/Inquiry, Food, Volunteer Services, and Lodging etc.

Additional information:

In an emergency, notify:

First Name..... Last Name.....
Address..... Telephone #1.....
City/Postal..... Telephone #2.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

(Signature/Volunteer) (ESS Manager Signature) (Date)

PLEASE RETURN COMPLETED FORM WITH COPIES OF YOUR CURRENT CRIM CHECK AND/OR CYIM CHECK (IF APPLICABLE) TO THE FCSS OFFICE IN THE TOWN OF FALHER BUILDING.