

Volunteer Intake Form

First Name _____
Address _____
Email _____
Work Phone _____
Date of Birth _____

Last Name _____
Postal Code _____
Home Phone _____
Mobile Phone _____
DL # and type _____

Emergency Contact

First Name _____
Address _____
Home Phone _____

Last Name _____
Relationship _____
Mobile Phone _____

First aid
certification? _____

Languages? _____

What interests you in volunteering for with the Esquimalt Emergency Program?

What do you hope to gain by volunteering with the Esquimalt Emergency Program?

Current/previous volunteer experience

Experience working as a member of a team

Other relevant experience

Do you have experience, certification or training in:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Vulnerable
populations | <input type="checkbox"/> Food Safe | <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Pet Care |
| | <input type="checkbox"/> Health Services | <input type="checkbox"/> Public Speaking | |

Applicant Signature _____ Date _____

Younger than 18 years

Parent / Guardian _____ Date _____

The personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act and will only be used for the purposes of the Esquimalt Emergency Program.