



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.....

EMAIL ADDRESS: \_\_\_\_\_

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.