



## North Shore Emergency Management: VOLUNTEER PROFILE

PLEASE PRINT CLEARLY

<b>Which team(s) are you interested in joining?</b>	<input type="checkbox"/> General Services Unit (GSU) <input type="checkbox"/> Emergency Education Instructors (EEI) <input type="checkbox"/> Emergency Communication Team (ECT)	<input type="checkbox"/> Emergency Support Services (ESS) Level 1 <input type="checkbox"/> Emergency Support Services (ESS) General <input type="checkbox"/> Emergency Management Team (EMT)* <small>*The EMT requires joining a second team too.</small>
<b>How did you learn about NSEM?</b>	<input type="checkbox"/> A Current Volunteer <input type="checkbox"/> Other Municipality <input type="checkbox"/> Attended Course/Workshop  <input type="checkbox"/> Other _____	
<b>Why you would like to volunteer with NSEM?</b>		

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<b>Last Name</b>	<b>First Name</b>	<b>Name(s) you go by</b>		
<b>Amateur Radio Call Sign (if applicable)</b>				
<b>Cell Phone</b>	<b>Other Phone (specify)</b>	<b>Email (required)</b>		
<b>Current Occupation</b>	<b>Work Location</b>	<b>Work Phone</b>		
<b>Home Address</b>	<b>City</b>	<b>Postal Code</b>		
<b>Mailing Address (if different)</b>	<b>City</b>	<b>Postal Code</b>		
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>Other Phone</b>
<b>Date of birth</b> (required for municipal insurance purposes): <span style="float: right;">YYYY/MMM/DD</span>				
<b>BC Driver's Licence?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Class _____			<b>Do you have personal transportation?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	

**Language Skills:**

<b>English</b>	_____	_____	_____	_____
<input type="checkbox"/> Speak	<input type="checkbox"/> Speak	<input type="checkbox"/> Speak	<input type="checkbox"/> Speak	<input type="checkbox"/> Speak
<input type="checkbox"/> Write	<input type="checkbox"/> Write	<input type="checkbox"/> Write	<input type="checkbox"/> Write	<input type="checkbox"/> Write
<input type="checkbox"/> Read	<input type="checkbox"/> Read	<input type="checkbox"/> Read	<input type="checkbox"/> Read	<input type="checkbox"/> Read
	<input type="checkbox"/> Can Translate	<input type="checkbox"/> Can Translate	<input type="checkbox"/> Can Translate	<input type="checkbox"/> Can Translate



**AVAILABILITY**

Please indicate below with a ✓ the days and time of day that you are most likely to be available for volunteer duties. This does not mean you will be expected to volunteer during these times – this helps us to determine the best times to schedule training and assignments.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**MEDICAL INFORMATION**

This information will be used in case of emergencies and to schedule appropriate tasks.

	Yes	No	Please Specify
Do you suffer from any serious medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any life threatening allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wear a Medic Alert Tag?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you carry medication with you at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
Service limitations (i.e. physical – no heavy lifting)	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

**REFERENCES**

Please provide two references (cannot be immediate family members), whom you have known for at least five (5) years (example: co-worker, friend, teacher, manager). These references will be contacted following your interview.

Name	Relationship	Telephone	Email
Name	Relationship	Telephone	Email

**SPECIAL SKILLS**

Please list any special skills you have that will be an asset to NSEM. This may include first aid, cycling, organizational management, prior emergency management experience, etc.

### Commitment

Please initial after you have read this section \_\_\_\_

- I will serve my community to the best of my ability while assuring the integrity of NSEM.
- I will complete required training within a reasonable period of time, updating skills as required
- I will perform all assigned tasks to the best of my ability
- I will not report while under the influence of alcohol or drugs

### Self-Care

Please initial after you have read this section \_\_\_\_

- I will take care of my own physical and emotional health and support other team members to do the same
- I will report any unsafe conditions to my supervisor, ensuring the safety of myself and others

### Behaviour and Quality of Service

Please initial after you have read this section \_\_\_\_

- I will conduct myself according to acceptable social standards and contribute to an environment of mutual respect and dignity, free from discrimination or harassment
- I will provide service to individuals affected by disasters in a manner that is courteous, caring, and professional, while respecting the dignity of people receiving service
- I will not use my position for personal advantage for myself, friends or relatives
- I will never misrepresent myself, my training or my skills to any organization or individual
- I will follow operational guidelines and the established reporting structure
- I will obey all traffic signals and laws when responding for volunteer activities and while on these activities

### Confidentiality

Please initial after you have read this section \_\_\_\_

- I will acknowledge and confirm that as a volunteer, I may acquire confidential information, which may contain individuals' personal information, and that such information will remain in the strictest confidence, that individuals' personal information is protected from unauthorized disclosure by the Freedom of Information and Protection of Privacy Act, and that unauthorized disclosure of individuals' personal information is an offence under that Act. The unauthorized disclosure of such information to any unauthorized person, including making copies of any documents or records which contain or are derived from such information, is forbidden and is grounds for immediate dismissal
- I will agree to not discuss the details of my volunteer work, present or past with any representative of the media or any unauthorized person, or publicize any of the confidential aspects of my position by any medium of communication unless specifically given instruction to do so by my direct supervisor and/or a NSEM staff person, and to direct all enquiries from the media to the designated supervisor

### Dismissal

Please initial after you have read this section \_\_\_\_

- I understand that I am viewed by the public as an agent of NSEM, the three North Shore municipalities and the Emergency Management BC (EMBC) and that if I act in a manner that is considered unsatisfactory or unbecoming, that this will be addressed by NSEM through the following process:
- NSEM staff will address the situation verbally with you and request a change in behavior.
- If there is a repeat of the issue, NSEM staff will provide a summary of the concern in writing, indicating further problems could lead to termination of your membership.
- If problems persist, NSEM shall advise you in writing that your membership in NSEM is no longer required. A final interview with the NSEM Director may be arranged. We will request a return of any issued equipment and your EMBC ID card which will be forwarded to the EMBC Regional Office who will delete your name from the provincial volunteer registration files.



## RESPONSIBILITIES OF NSEM

- To provide you with orientation to your role/s and responsibilities
- To provide you with ongoing training, support and all required supplies (including safety equipment) to allow you to perform your duties effectively and efficiently
- To ensure you are treated respectfully and as a co-worker and team member
- To ensure you have a safe working environment, understanding that for emergency response volunteers, there are some inherent risks to response
- To ensure you are aware of and have access to the proper chain of command for providing your suggestions, complaints or concerns
- To provide you with regular performance evaluations
- To value you for the skills and qualities you bring to our volunteer program and ensure you receive recognition for your work
- To do our best to provide you with assignments that enable you to grow as a volunteer and provide meaningful support to NSEM and the residents of the North Shore

Please read the following and sign and date below:

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*I certify that all answers given by me on this volunteer application form are true, correct and complete to the best of my knowledge.*

*NSEM has my consent to contact the references I have identified in this application. I have contacted the above references to confirm their contact information and their willingness to provide a reference for me.*

*I have read the "Responsibilities of a Volunteer" statements and understand that breaching of any of these responsibilities would be cause for termination of my volunteer position.*

*I agree to comply with NSEM policies, rules and regulations.*

*I acknowledge that NSEM is under no obligation to accept me as a volunteer.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
YYYY/MMM/DD

\_\_\_\_\_  
Parent/Guardian Signature (if applicant is under 18)  
  
\_\_\_\_\_  
YYYY/MMM/DD