



STE. ANNE MUNICIPALITY

395 Traverse Road, Box 6, Grp 50, RR1, Ste. Anne, MB R5H 1R1

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Reeve Paul Saindon

Chief Administrative Officer Jennifer Gilmore, CMMA

Volunteer Sign-up Form - Emergency Services

*Volunteers must be over 18 years of age

Personal information is collected under subsection 36 (1)(b) of the *Freedom of Information and Protection of Privacy Act* and is protected under the Act. It will be used for emergency contact information and will be shared with supervisors for the purposes of volunteer placement, orientation, training, supervision, and evaluation of the volunteer.

Full Name:	_____		
Address: <small>(Physical and mailing)</small>	_____		
Phone #:	_____	Cell Phone #:	_____
Email Address	_____		

Emergency Contact Name and Relationship:	_____		
Emergency Contact Phone #:	_____	Cell #	_____

Your Occupation:	_____		
Skills:	(languages spoken, logistical, organizational, communications, computer, counselling, specialty training, heavy equipment, cooking, medical, other)		

Emergency Training: If any please describe (not required but an asset if have)	_____		
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Task Preferences: (Operations Center, Registration, Childcare, Animal care/rescue, Clean-up, Driver, Food Services, Other)	_____		
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Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Resources: (Car, Truck, Van, Heavy Equipment, Other) _____

Physical Limitations (if any): _____

Signature: _____ Date: _____