



STE. ANNE MUNICIPALITY

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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:	_____		
Phone #:	_____	Cell Phone #:	_____
Email Address:	_____		
Age:	_____		

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)			
Task Preferences: (Operations Center, Registration, Children care, Animal care / rescue, Clean-up, Driver, Food Services, Other)			

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Other
Start Time:								
End Time:								

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

Physical Limitations (if any): _____

Have you ever been charged or investigated for any matter concerning the care or wellbeing of a minor under the age of 18?

Yes

No

Have you ever been charged or investigated for any matter concerning the care and wellbeing of a Vulnerable Adult?

Yes

No

Signature: _____ Date: _____