

Volunteer Application Form

Contact Information	
First/Last Name	
Mailing Address	
Primary Phone Number	
Alt. Phone Number	
Email Address	

Emergency Contact Information	
First/Last Name	
Relationship to Applicant	
Mailing Address	
Primary Phone Number	
Alt. Phone Number	

JEM Team Area of Interest

Rural

- Western Region
- Musquodoboit Valley
Eastern Shore
- Riverlake & District
- Sheet Harbour & Area

Urban

- Mainland North (Halifax Area)
- Dartmouth Area
- Western Region
- Sackville/Bedford

Certificates

- Comfort Centre Training
 - Level 1
 - Level 2
- Food Handling
- WHMIS
- Opioid Poisoning Response
Training

- Incident Command Systems
(ICS)
- Amateur Radio Operator
- First Aid
 - Basic
 - Emergency
 - Standard

Applicants Declaration

I hereby apply for volunteer membership under the auspices of Emergency Management (EM) within the Halifax Regional Municipality's (HRM) Community Safety Business Unit.

I understand that any equipment, uniforms, protective clothing, training materials, identification cards and/or badges, or any other item which may be provided for my use, are the property of HRM EM and must be promptly returned to the Designation Officer or the JEM Team Chair I report to upon leaving the organization, whether by resignation, expulsion, or any other means.

I understand that I must adhere to all Halifax Regional Municipality policies, procedures, and operating guidelines.

I acknowledge that department rules, guidelines, policies, and procedures establish requirements for specific levels of attendance at department activities; levels of training or other conditions which are necessary for membership.

I understand that participation in HRM EM activities may make me privy to information about citizens affected by disaster or other events of significance, members of respective volunteer teams, HRM activities or other information of a personal or confidential nature and I will never reveal or discuss that information, except as required to carry out my duties as a volunteer.

I understand that I am required to complete a criminal record & vulnerable sector check as part of the application process, and upon submission of the application my information will be shared with Backcheck.

I confirm that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application will be rejected. If accepted as an EM volunteer member, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____

Parent/Guardian Signature _____
(if under 19)