

Volunteer Application Form

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

Emergency Contact Information	
First/Last Name	
Relationship to Applicant	
Main Phone Number	
Alt. Phone Number	

I'd like to volunteer in these areas:

- | | |
|---|--|
| <input type="checkbox"/> Chebucto | <input type="checkbox"/> Peninsula South |
| <input type="checkbox"/> Dartmouth | <input type="checkbox"/> Preston |
| <input type="checkbox"/> Eastern Shore | <input type="checkbox"/> River Lake |
| <input type="checkbox"/> Mainland/Peninsula North | <input type="checkbox"/> Sackville/Bedford |
| <input type="checkbox"/> Mulgrave | <input type="checkbox"/> Sheet Harbour |
| <input type="checkbox"/> Musquodoboit Valley | <input type="checkbox"/> Western Region |

I have the following certifications: **Level** (if applicable) **Completed** (M/D/Y)

<input type="checkbox"/>	Comfort Centre Training		
<input type="checkbox"/>	Food Handling		
<input type="checkbox"/>	First Aid		
<input type="checkbox"/>	Non-Violent Crisis Intervention		
<input type="checkbox"/>	Incident Command Systems (ICS)		
<input type="checkbox"/>	Opioid Poisoning Response Training		
<input type="checkbox"/>	Amateur Radio Operator		
<input type="checkbox"/>	WHMIS		
<input type="checkbox"/>	Mental Health First Aid		
<input type="checkbox"/>	Applied Suicide Intervention Training		

I can volunteer:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Daytime
(before 5pm) | <input type="checkbox"/> Evening
(after 5pm) | <input type="checkbox"/> Weekends
(Sat, Sun) | <input type="checkbox"/> Weekdays
(Mon-Fri) |
|--|---|---|--|

Things to note about my availability: _____

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 understand that I will be registered for hfxALERT, the Municipality's notification system, and that my contact information will be accessed by Municipal staff who operate the system. hfxALERT will send automated messages relating to JEM volunteer work via phone call, text, or e-mail.

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)