

EMERGENCY MEASURES VOLUNTEER REGISTRATION FORM
Headingley, St. Francois Xavier & Cartier

NAME	
STREET ADDRESS	
TOWN, VILLAGE & R.M.	
MAILING ADDRESS	
POSTAL CODE	
HOME PHONE NUMBER	
WORK PHONE NUMBER	
CELL PHONE NUMBER	
PAGER NUMBER	
FAX NUMBER	
EMAIL	

VOLUNTEER POSITIONS - IN ORDER TO ENSURE THAT WE HAVE ENOUGH TRAINED VOUNTEERS TO COVER THE NEEDED POSITIONS, YOU MAY BE TRAINED FOR SEVERAL DIFFERENT POSITIONS. IF YOU HAVE A PREFERENCE FOR WHAT YOU WOULD LIKE TO DO, PLEASE NUMBER THE SELECTIONS IN ORDER OF PREFERENCE. IF YOU HAVE NO PREFERENCE PLEASE LEAVE BLANK.

	TRANSPORTATION
	TELECOMMUNICATIONS
	EQUIPMENT / MATERIAL RESOURCES
	VOLUNTEER / HUMAN RESOURCES
	SOCIAL SERVICES
	OPERATIONAL RECORDS MANAGER
	GENERAL STAFF

**PLEASE GO TO BACK OF FORM TO COMPLETE SURVEY
 RELEVANT EMERGENCY PREPAREDNESS PROGRAM (EPP)
 SKILLS, TRAINING**

PLEASE “ X “ THE APPROPRIATE BOX

	PREVIOUS EPP TRAINING / EXPERIENCE (PLEASE NOTE BRIEF DETAILS BELOW)
	COMPUTERS
	RADIO COMMUNICATIONS
	MEDICAL (PLEASE NOTE BRIEF DETAILS BELOW)
	SOCIAL HEALTH SERVICES
	PUBLIC INFORMATION / PERSONAL COMMUNICATIONS
	POLICE / FIRE (PLEASE NOTE BRIEF DETAILS BELOW)
	ACCOUNTING
	OTHER (PLEASE NOTE BRIEF DETAILS BELOW)

DETAILS: