



Application Form

Emergency Support Services (ESS) Volunteers

Date: _____

Name: _____

Phone #: _____

Email: _____

Is phone text capable? Yes No

Live in City of Vernon? Yes No

What has motivated you to apply to volunteer with Vernon's Emergency Support Services? Include any interests you have with specific types of ESS work.

Please list any prior experience with emergency services work or volunteering (Emergency Social Services, Emergency Radio Communications, Search and Rescue, Emergency Management, etc.).

Please list any Emergency Social Services and/or Emergency Management training that you have completed, including course names & years completed.

Please provide any other information you would like to share with us about your suitability for and interest in volunteering with the City of Vernon's Emergency Support Services.

When are you available to volunteer? _____

Vernon ESS would like to sincerely thank you for your expression of interest and for your kind assistance. This application is the preliminary step in the Vernon ESS application process. We will contact you at our earliest availability. Thank you!

Note: The information you provide on this form is collected by the City of Vernon under Section 26 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used for purposes of ESS Volunteer recruitment, retention and contact only. Questions about the collection and use of this information should be directed to the Head of FOIPP in the Legislative Services Department at 250-550-3526, at foirequest@vernon.ca or at 3400 30 Street, Vernon B.C. V1T 5E6