

**FOR OFFICE USE ONLY:** Date Entered: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Year Month Day

**General Information (Please print legibly throughout - check boxes that relate)**

**Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Circle Preferred Title:** Doctor | Professor | Mister | Mrs. | Ms. | Miss | None

**Date of Birth:** \_\_\_\_\_ | \_\_\_\_\_  
Year Month

**Phone Number Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Best Time to Call:**

- Any Time       After 7 PM       8 AM - 4 PM
- Contact me on my cell phone any time       Call my cell phone only in an emergency
- I frequently check my email - I prefer that you contact me by email (address below)
- I understand that in an emergency, telephone or cell phone may be the only way to make contact with me

**Emergency Contact Information**

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Volunteer's Addresses**

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please send mail to:**

- My email address       My home address       My business address

## Security

I acknowledge that there are some positions that may require a police records check and/or a driver's licence.

## Skills

Please check all of the following skills groups you have competencies in:

- |   |   |
|---|---|
| <input type="checkbox"/> Language           | <input type="checkbox"/> Skilled/Professional Trades          |
| <input type="checkbox"/> Disaster Response  | <input type="checkbox"/> Special Needs/Vulnerable Populations |
| <input type="checkbox"/> Health Care        | <input type="checkbox"/> Food Handling                        |
| <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Emotional Support/Counselling        |

## Emergency Management Experience

Do you have previous experience or training in disaster, emergency, or pandemic response?  Yes  No

## Preferred Activities

Please check any of the following activities that you would prefer as a volunteer placement:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Languages                   | <input type="checkbox"/> Special Needs/Vulnerable Populations | <input type="checkbox"/> Administrative       |
| <input type="checkbox"/> Disaster Response           | <input type="checkbox"/> Food Handling                        | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Equipment Operation         | <input type="checkbox"/> Emotional Support/Counselling        | <input type="checkbox"/> Animal Control       |
| <input type="checkbox"/> Skilled/Professional Trades |   | <input type="checkbox"/> General              |

## Transportation

Do you possess a valid Driver's License?  Yes  No License classification \_\_\_\_\_

Do you have access to personal transportation?  Yes  No

Do you rely on public transportation?  Yes  No

**Declaration:**

- I certify that statements made on this application are true.
- I understand that I will not become an employee or contractor to the Township of Killaloe, Hagarty and Richards or an assigned agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Dear Registered Volunteer,**

**Thank you for your interest in becoming a Registered Emergency Management Volunteer with the Township of Killaloe, Hagarty and Richards. We hope we will never see a local pandemic or large-scale emergency or disaster, but if we do, with your help we are better prepared to respond quickly and effectively. Together, we can save lives, restore our community, and thrive!**

**FOR OFFICE USE ONLY - APPLICATION INPUT CONTROL**

**ID Badge**

- Photo taken
- Photo uploaded

**Signed forms uploaded:**

- Informed Consent
- Code of Conduct
- Declaration
- Confidentiality
- Release of Information
- Police record check

Volunteer Name: \_\_\_\_\_

**ADMINISTRATIVE SKILLS**

- Clerical Skills
- Reception
- Data Entry/Database Clerk
- Supervisory Skills
- Information Inquiries
- Switchboard/Phone Management
- Media Relations
- Word Processing
- Other Administrative: \_\_\_\_\_
- Medical Terminology

**GENERAL SKILLS**

- Cleaning Domestic
- General Labourer
- Cleaning Industrial
- Pick-Up and Delivery of Supplies

**DISASTER RESPONSE SKILLS**

- CPR Certification
- Flood Control
- First Aid Certification
- Health Hazard Investigation
- Damage Assessment
- Police Officer
- Disaster Clean-up
- Search and Rescue
- Fire Fighting
- Security Guard
- Other: \_\_\_\_\_
- Shelter Worker

**DO YOU HAVE** available and are willing to use as an emergency volunteer any of the following:

- All Terrain Vehicle
- School Bus
- Boat
- Snowmobile
- Bus (Coach)
- Tractor (Farm)
- Farm Wagon
- Tractor (Truck)
- Horse (Working)
- Tractor Trailer
- Pick-Up Truck
- Trailer
- Other: \_\_\_\_\_
- Accessible Van
- Van

**EQUIPMENT OPERATION / DRIVING LICENSES**

- Certified Chain Saw Operator
- Construction Equipment Operator
- Heavy Equipment Operator
- Large Passenger Van Driver
- Light Equipment Operator
- Other Equipment Operator: \_\_\_\_\_

- D Z Truck Driver
- Passenger Bus or Coach Driver
- School Bus Driver
- Tractor Trailer Driver

**FOOD HANDLING SKILLS**

- Current Safe Food Handling Certification
- Experience Preparing Large Quantities of Food
- Experience with Food Delivery Programs
- Experience Working in a Restaurant

**ANIMAL / PEST CONTROL**

- Experience in the care of domestic pets
- Exterminator
- Other: \_\_\_\_\_
- SPCA / Humane Society Experience
- Trapping and Removal of Nuisance Animals
- Veterinarian (Licensed)

### HEALTH CARE PROFESSIONALS / SKILLS

- Audiologist & Speech Language Pathologist
- Chiroprapist (Licensed)
- Chiropractor (Licensed)
- Dental Hygienist (Licensed)
- Dental Surgeon (Licensed)
- Dentist
- Denturist (Licensed)
- Dietician (Licensed)
- Advance Care Paramedic
- Primary Care Paramedic
- Health Records - Terminology
- Infection Control
- Massage Therapist (Licensed)
- Medical Laboratory Technologist (Licensed)
- Medical Radiation Technologist (Licensed)
- Midwife (Licensed)
- Naturopath - Drugless Practitioner (Licensed)
- Nurse Practitioner
- Occupational Therapist (Licensed)
- Optician (Licensed)
- Optometrist (Licensed)
- Personal Support Worker
- Pharmacist (Licensed)
- Physician and Surgeon (Licensed)
- Physiotherapist (Licensed)
- Public Health Professional
- Registered Nurse (Licensed)
- Registered Practical Nurse
- Respiratory Therapist (Licensed)
- Triage - Emergency Medical Care
- Other Health Care: \_\_\_\_\_

### LANGUAGE SKILLS

- English  Other: \_\_\_\_\_
- French  Other: \_\_\_\_\_
- American Sign Lang  Other: \_\_\_\_\_

### SKILLED AND PROFESSIONAL TRADES

- Aerologist (Licensed)
- Architect (Licensed)
- Building Inspector
- Certified General Accountant
- Chartered Accountant
- Construction
- Electrical Engineer
- Electrician
- Engineering Technician / Technologist (Certified)
- Forester (Licensed)
- Funeral Director (Licensed)
- Geoscientist (Licensed)
- Insurance Broker (Licensed)
- Land Surveyor (Licensed)
- Lawyer (Licensed)
- Management Accountant (Licensed)
- Plumber
- Professional Engineer (Licensed)
- Real Estate Agent (Licensed)
- Stationary Engineer
- Structural Engineer
- Teacher (Licensed)
- Welder
- Other: \_\_\_\_\_

### SPECIAL NEEDS - VULNERABLE POPULATIONS

- Developmental Social Worker
- ECE Training - Certification
- Educational Assistant
- Experience with
  - Individuals with Cognitive Disabilities
  - Individuals with Physical Disabilities
  - Individuals with Hearing Loss
  - Individuals with Vision Loss
  - working with Seniors
- Nursing Home Administrator
- Youth Program Leader
- Other: \_\_\_\_\_

## RELEASE OF INFORMATION FORM

I, (please print name) \_\_\_\_\_, hereby authorize the release of any and all records and information pertaining to me for use by the Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer Program, managed and maintained by the Emergency Management Committee in order to refer me to a partner agency as an Emergency Management Registered Volunteer in the event of an emergency, disaster, or pandemic affecting the Township of Killaloe, Hagarty and Richards

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

The collection and retention of your personal information is undertaken for volunteer placement purposes through the Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer program pursuant to the authority provided by the Municipal Freedom of Information and Protection of Privacy Act.

## **EXPECTATIONS & STANDARDS OF CONDUCT FOR TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS EMERGENCY MANAGEMENT REGISTERED VOLUNTEERS**

### **TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS EMERGENCY MANAGEMENT REGISTERED VOLUNTEERS COMMITMENT TO EMERGENCY MANAGEMENT VOLUNTEERS**

Staff and volunteers representing the Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer Program will:

- Collect adequate volunteer information and appropriately refer Emergency Management Volunteers to partner agencies;
- Promote an environment of mutual respect and dignity;
- Provide periodic check-ins after Emergency Management Volunteer assignments to collect feedback regarding volunteer experiences;
- Reinforce and promote Occupational Health and Safety according to the Occupational Health and Safety Act (Ontario 1990), particularly Section 43, excerpted in part;

“(3) A worker may refuse to work or do particular work where he or she has reason to believe that,

- (a) any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker;
- (b) the physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself; or
- (c) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker. R.S.O. 1990, c. O.1, s. 43 (3).”

### **VOLUNTEER COMMITMENT TO THE TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS EMERGENCY MANAGEMENT**

As representatives of the Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer Program, deployed Emergency Management Registered Volunteers are expected to adhere to and perform their duties in accordance with the following Standards of Conduct:

1. To represent the Township of Killaloe, Hagarty and Richards and your assigned agency to the best of your ability, assuring the integrity of all parties;
2. To take personal responsibility for exercising caution and moderation at all times, bearing in mind the inherent risks associated with disaster response work;
3. To show respect and support for community emergency management personnel and other support organizations or disaster responders involved in the response;

4. Exercise appropriate self-care such as taking sufficient rest breaks, eating well, hydrating, getting exercise, and getting appropriate amounts of sleep;
5. To report to the agency contact person identified at the time of deployment, accept duties as assigned (within the scope of the referral), and take direction from the designated supervisor;
6. To keep your designated supervisor informed of your movements and not leave the area of your assignment or take leave of it without their knowledge;
7. To maintain appropriate care of any equipment and/or supplies entrusted to you and to return all borrowed equipment and/or unused supplies prior to departing from your assignment;
8. To refrain from using social media, speaking with, or writing to the media, making public presentations, publishing articles or research findings resulting from your role as a Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer without prior written permission;
9. To act in accordance with instruction and directives from your assigned agency supervisor while on assignment;
10. To observe the laws and regulations of the community during the response (NOTE—response workers can expect no support from the Township of Killaloe, Hagarty and Richards if they willingly contravene local laws and regulations);
11. To pay due respect to all social and cultural groups represented in the community and to honour all legislated human rights;
12. To refrain from making commitments on behalf of any local authority or government, either financially or in any other way, unless officially pre-authorized in writing to do so;
13. Not to use or possess alcohol or drugs while on assignment;
14. To dress in an appropriate manner and refrain from wearing your Township of Killaloe, Hagarty and Richards' Emergency Management Registered Volunteer identification badge when not on official Emergency Management duty;
15. Not to profit from or solicit business while undertaking any public, professional or commercial activities, other than those connected with your assignment, without written permission;
16. To avoid making references to political situations related to your volunteer role in official or private communications, including conversations, telephone calls, radio messages, emails, or letters;
17. To refuse any financial or material gifts, or promises of such gifts or other advantages, other than small tokens of appreciation that may be offered; and
18. To report back to the Township of Killaloe, Hagarty and Richards upon completion of your assignment for follow-up.

**PLEDGE TO CONFIDENTIALITY**

As a volunteer associated with the Township of Killaloe, Hagarty and Richards Emergency Management Registered Volunteer Program, I will have access to information and materials of a private and confidential nature.

- At all times, I will respect the privacy and dignity of all associated individuals.
- I will treat all administrative, financial, employee and other records as confidential material, and I will protect them to ensure full confidentiality. I will not read records or discuss, divulge or disclose such information unless there is a legitimate purpose as it relates to my assignment.
- I will ensure that confidential information is not inappropriately accessed, used or released either directly by me, or by virtue of my signature or security access to premises or systems.
- I will only access, process and transmit confidential information using Township of Killaloe, Hagarty and Richards’ authorized equipment, as required by the duties of my position. I understand the Township of Killaloe, Hagarty and Richards may conduct periodic audits to ensure compliance with policies and to ensure the integrity of the information is maintained.

**PLEDGE TO THE CODE OF CONDUCT**

I commit to treating all volunteers and staff in a dignified manner that conveys respect for the abilities of each other and a willingness to work as a team of equally valued partners. I will promote an atmosphere of respect, cooperation and professionalism. I will demonstrate empathy, compassion and respect in my interactions with others and will always be polite and courteous.

- 1. Dignity:** I will respect the dignity of all people. I will protect the health, safety, privacy, and human rights of others; refrain from coercion, harassment, and violence; and adopt practices that enhance the experiences of those around me.
- 2. Reliability:** I will honour commitments and be faithful to my word and follow through on promises, agreements and other voluntary undertakings. I will exhibit behaviour and conduct that is consistent with the Pledge.
- 3. Fairness:** I will deal with all parties fairly and equitably, and practice non-discrimination in my interaction with others.
- 4. Trust:** I will act in good faith with care, honesty, and loyalty in fulfilling my obligations.
- 5. Professionalism:** I will govern myself with respect, cooperation and professionalism, and comply with applicable laws, regulations and policies.
- 6. Accountability:** I will make moral and rational decisions and be accountable for my behaviour and conduct. I will not condone inappropriate behaviour or conduct.

I understand and agree to abide by the principles outlined in this document.

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Name \_\_\_\_\_  
(please print)

Date \_\_\_\_\_

Date \_\_\_\_\_