



Emergency Response Volunteer Form

Contact Information

Name: First _____ Last _____

Phone: _____ Cell Phone: _____

Email: _____ Place of work: _____

Address: _____

Security & Safety (Please circle)

- Have you been convicted of a criminal offence?
- Would you be willing to get a criminal record check?
- Do you have a current First Aid / CPR certification?

Yes

No

Yes

No

Yes

No

Transportation

- Do you have a valid Driver's License?
- Do you have access to personal transportation?

Yes

No

Yes

No

Skills (check all that apply)

- Health Care
- Equipment Operator
- General Labour
- Special Needs
- Food Handling
- Support / Counselling
- Admin (Registration)
- Security
- Door to door
- Animal Control
- General
- Volunteer Management

Town of Eston

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