

NEW MEMBER APPLICATION FORM



Bella Coola Valley Search and Rescue

Name: _____ Date of Birth: _____

Phone: _____ Cell: _____ E-mail: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

1) The nature of this position involves carrying a personal cell phone as a method of being called out. Members are expected to respond to emergency call-outs when available.

Are you willing to carry a personal cell phone when you are available? (mandatory) Yes No

2) Are you willing to attend practice and training sessions on a regular basis? Yes No

Practice is scheduled twice a month, approx. two hours in length. Training sessions from outside organizations are held as-needed, or as-available. Occasionally longer training sessions will be held, especially for specialist teams. Requirements for attendance are outlined in the BCVSAR's Operational Policies.

3) Class of Driver's license currently held: _____ License#: _____

4) First Aid Certification: _____ If none, are you willing to obtain certification? Yes No

5) Do you have any medical or psychological conditions that may currently affect your ability to perform any roles in search and rescue? If YES, then describe briefly below. This will not disqualify you from consideration, but can affect which tasks you may be assigned to.

6) List any training or certifications that you believe would be relevant to volunteering directly or indirectly, or that could contribute to the group's operations and maintenance. Search and Rescue certificates should be listed first.

7) What is your normal availability or work schedule?

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Are you able to leave work to respond to an emergency?

Yes No

If yes, please list employer and alternative contact info: _____

Have you even been convicted of a criminal offence for which you have not been pardoned?

Yes No

Do you give your consent for a criminal record check?:

Yes No

Are you willing to provide a recent driver's abstract if requested?:

Yes No

Are you willing to provide your resume/CV if requested?

Yes No

Are you willing to provide character and/or work references if requested?

Yes No

Acknowledging Statements (Must check YES to be considered)

a) I understand that the probation period is 6 months, after which you may be considered for membership with the group.

Yes No

b) I understand that I must attend practice and training sessions, as written in the Operational Guidelines, to maintain membership or applicant status with the group.

Yes No

c) I certify that the information given on, or attached to, this application is correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.

Yes No

d) I understand the information provided in this form will be used to assess my suitability for the volunteer position in search and rescue.

Yes No

e) I understand that all equipment issued by the BCVSAR is property of the group and must be relinquished if requested, and a failure to do so may result in penalties for replacement costs.

Yes No

f) If my request for membership is approved, I agree to serve the public diligently in my duties as a public safety volunteer, and to adhere to and comply with all policies, procedures, guidelines, directives and by-laws relating thereto.

Yes No

*Before signing, please ensure you have answered all questions marked in **bold** or your application may not be considered complete. Your information will not be shared with anyone outside the board of directors, excepting basic details (ie name, address and contact info) with Emergency Management BC and WorksafeBC.*

It is STRONGLY encouraged to familiarize yourself with the group's Operational Guidelines, as you are required to follow the guidelines at all times when serving as an applicant or member. The guidelines are available at the from a board member or on D4H, or request a digital copy be sent to you.

Personal information on this Volunteer Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (3.1). It will be used to determine your suitability, eligibility or qualifications for volunteerism. Questions about the use or collection of this information should be directed to the board.

Applicant Signature: _____ Date: _____