

NEW MEMBER APPLICATION FORM



Bella Coola Valley Search and Rescue

NB: asterisk (*) indicates that this answer is mandatory

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. In addition, an online scheduling platform called D4H must be used to interact with the group to help coordinate training and meetings and on/off call status.

Are you willing to carry your cell phone and use D4H when you are available? * ☐ Yes

2) Are you willing to attend practice and training sessions on a regular basis? * ☐ Yes

Practice is scheduled twice a month, approx. two hours in length. Training sessions from outside organizations are held as-needed. Occasionally longer training sessions will be held, especially for specialist teams. Attendance requirements are outlined in Operational Policies.

3) First Aid Certification Level/Type
Must be current. If you do not have one already, are you willing to obtain certification? * ☐ Yes

4) 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. *

5) 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.

6) What is your normal availability or work schedule?

NEW MEMBER APPLICATION FORM

7) Are you able to leave work to respond to an emergency? (Not required) ☐ Yes

If yes, enter employer and work contact info: _____

8) Have you been convicted of a criminal offence for which you have not been pardoned? * ☐ Yes ☐ No

9) Do you give your consent for a criminal record check ([obtain here](#))? *: ☐ Yes

10) Are you willing to provide a recent driver's abstract? *: ☐ Yes

11) Are you willing to provide your resume/CV if requested*? ☐ Yes

12) Are you willing to provide character and/or work references if requested*? ☐ Yes

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

b) I understand that I must attend practice and training sessions, as written in the Administrative Guidelines, to maintain membership or probationary status with the group. * ☐ Yes

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

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

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

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

Before signing, please ensure you have answered all questions or your application may not be considered complete. Questions marked with an asterisk (*) are required to be considered for membership, period. 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. The PSLV form will be sent to EMBC for processing, and the CRRP form to the government of BC Protective Services.

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

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: _____

Once complete, please submit: 1) this entire application package, 2) a passport-style photo, ie. head and shoulders, and 3) Driver's Abstract to BCVSAR@gmail.com

Public Safety Lifeline Volunteer Registration Form

Registration Number: _____

Date of issue: _____

Notes: _____
(EMBC HQ use only)

April 2013

Identification (ID) Card	<input type="checkbox"/> Card Requested		<input type="checkbox"/> Registration Only (NO CARD REQUESTED)	
	<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Replacement	<input type="checkbox"/> Edit Only (Information Changes)

Photo	<input type="checkbox"/> Reuse Current Photo	<input type="checkbox"/> Photo Attached ¹	<input type="checkbox"/> Photo Emailed
		<input type="checkbox"/> Photo on Disk / CD	

Discipline	<input type="checkbox"/> Emergency Social Services	<input type="checkbox"/> PEP Air
	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> Highway Rescue
	<input type="checkbox"/> General Service	<input type="checkbox"/> Emergency Radio Communications

Group/Team Location: Bella Coola Valley Search and Rescue

EMBC Region	<input checked="" type="checkbox"/> North East	<input type="checkbox"/> Central	<input checked="" type="checkbox"/> Vancouver Island
	<input type="checkbox"/> North West	<input type="checkbox"/> South East	<input type="checkbox"/> South West

Last Name:		Residence Phone #			
First Name		Business Phone #			
Address		Other# (cell/pager/fax)			
City		Postal Code		Home Email	
Emergency Contact Person / Relationship		Business Email			
Address		Driver's License #			
City		Postal Code		Driver's License Expiry Date	
Residence Phone#		Business Phone #		Birth date	

Volunteer Signature	Date
Parent/Guardian ² Signature	Date
Group/Team Leader	
_____	_____
Name (print)	Signature

Date	
Regional Manager	
_____	_____
Name (print)	Signature

Date	

IN SIGNING THIS FORM THE VOLUNTEER IS AGREEING TO THE ATTACHED PUBLIC SAFETY LIFELINE CODE OF CONDUCT DOCUMENT.

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC EMERGENCY PROGRAM ACT, PART 2, SECTION 4 (2)(H) AND EMBC POLICY. THE INFORMATION IS USED TO PRODUCE IDENTIFICATION CARDS AND MAY BE USED TO SUPPORT EMERGENCY OPERATIONS. QUESTIONS REGARDING THE COLLECTION USE OR DISCLOSURE OF THIS INFORMATION SHOULD BE DIRECTED TO THE MANAGER OF TRAINING EXERCISE AND VOLUNTEER PROGRAMS - 1 800 663 3456

1 Passport sized black and white or colour head and shoulders photograph

2 Parent/guardian consent required for volunteers 16 – 18 years old.

Emergency Management BC (EMBC) Public Safety Lifeline (PSL) Volunteer Code of Conduct

The purpose of this Code of Conduct is to identify standards of behaviour by which all volunteers registered with EMBC must abide. Volunteers who violate the Code of Conduct may have their registration revoked or suspended.

Competency

- Volunteers will carry out their duties to the best of their abilities.
- Volunteers will seek to develop and maintain skills necessary to the performance of their assigned duties.

Confidentiality

- Volunteers will keep confidential all information they are exposed to while serving as volunteers, including information concerning other volunteers, clients, EMBC, and other organizations.
- Volunteers will not disclose confidential information, unless required to do so by law, or to assist in responding to an emergency.
- Volunteers must maintain confidentiality after the volunteer relationship has ended.
- Volunteers cannot use confidential information for furthering any private interest or as a means of making personal gains.

Authority

- Volunteers who are placed in leadership positions will exercise their responsibilities consistently and fairly.
- Volunteers will respect the chain of command and follow reasonable directions given by a person in authority.
- Volunteers will follow operational guidelines and policies.

Communication

- Volunteers will not publicly criticize fellow volunteers, clients, EMBC, or other organizations involved in an emergency response.
- Volunteers will not use insulting, harassing, or otherwise offensive language while serving as a volunteer.
- Volunteers will conduct themselves in a manner that positively supports EMBC's policies and guidelines.
- Volunteers will not represent themselves as agents of the Province of British Columbia.
- Volunteers will not comment to the media or in social media on any operations they were involved in unless approved by the Tasking Agency.

Personal Conduct

- Volunteers will work as part of a team, with personal and team safety always at the forefront.
- Volunteers will treat others, including other volunteers, clients, and members of other organizations, with respect and dignity.
- Volunteers will not engage in violence, harassment, abusive behaviour, or discrimination.
- Volunteers will carry out their duties in an honest and professional manner.

Conflict of Interest

- Volunteers will avoid real or perceived conflicts of interest.
- Volunteers will declare involvement in any form of self-employment or private business which competes with programs or services supported by EMBC which could be considered a conflict of interest.
- Volunteers who find themselves in a conflict of interest will self-declare to the appropriate regional office for vetting.

General

- Volunteers will not use EMBC facilities, supplies, or equipment without permission.
- Volunteers will appropriately care for any materials entrusted to them and return all borrowed equipment and supplies.
- Volunteers will observe all laws.
- Volunteers will dress appropriately while on duty and will refrain from wearing EMBC identification when not on duty.
- Volunteers will not accept an assignment or respond if they are under the influence of drugs or alcohol.
- Volunteers will not respond or act in PSLV duties while under the influence of alcohol or drugs.
- Volunteers will conduct exercises, training and operations in accordance with EMBC policies and operating guidelines; when there is no written EMBC standard, the standard of care shall be that of the related industry.
- If a volunteer is unclear on any element of the code of conduct, the volunteer will seek out clarity from their PSLV group, local government, or an EMBC regional office.

VOLUNTEER - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

**THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND
SUBMITTED WITH THE VOLUNTEER CONSENT FORM**

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST

- ☐ The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- ☐ My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- ☐ My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.
- ☐ My organization has reviewed the "works with" category and has completed that portion of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- ☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ SIGNATURE: _____

SECTION 2: FOR VOLUNTEER USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST

- ☐ I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- ☐ My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.
- ☐ My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.
- ☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- ☐ I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- ☐ I hereby consent to a check of all available law enforcement systems, including any local police records.
- ☐ I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- ☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- ☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions of any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- ☐ Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant of specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- ☐ The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- ☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form





VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.

Your organization must complete the 'WORKS WITH' category portion of the form.

WORKS WITH (choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: _____ YYYY MM DD		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Residential Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.			Driver's Licence or BCID #:		

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by Authorized Contact:

Volunteer Organization Name: **BELLA COOLA SEARCH AND RESCUE SOCIETY**

Authorized Contact Name and Title

ID Number (Provided to the organization from the CRRP): **2565981**

Mailing Address:	City:	Province:	Country:	Postal Code:
Office Area Code & Phone No:				

PART 3: POSITION WITH VOLUNTEER ORGANIZATION

Volunteer's position/Job Title with volunteer organization:

PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Date Signed YYYY / MM / DD

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).



GSAR STUDENT INFORMATION FORM

This form is to be used by SAR volunteers to register in Ground Search and Rescue (GSAR) Training. It must be authorized by the Group Training Officer or President and then submitted to the Lead Instructor at the first GSAR session.

All fields with an * are mandatory. **Please print clearly.**

LAST NAME *		FIRST NAME *		MIDDLE
ADDRESS *		CITY *	PROVINCE *	POSTAL *
PHONE *	DATE OF BIRTH * (YYMMDD)	EMAIL *		GENDER * <input type="checkbox"/> M <input type="checkbox"/> F
IMMIGRATION STATUS: * <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> PERMANENT RESIDENT				
CITIZENSHIP COUNTRY (IF NOT CANADIAN) *		PEN NUMBER (IF KNOWN)		
JIBC STUDENT ID (IF KNOWN)	DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> Y <input type="checkbox"/> N	IF YOU ANSWERED YES, DO YOU IDENTIFY AS: <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT	ARE YOU STATUS OR NON STATUS? <input type="checkbox"/> STATUS <input type="checkbox"/> NON STATUS	

Fields with an * are REQUIRED for JIBC government reporting purposes. The Justice Institute of British Columbia respects your privacy. Personal information you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering admissions, registration, education programs, financial assistance and awards, student support services, graduation, alumni affairs and advancement, and for the purpose of statistical reporting. It may be disclosed to other educational institutions, federal and provincial government departments, co-sponsoring organizations, and the JIBC Alumni Association. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see www.statcan.ca/english/concepts/ESIS). If you would like further information please see <http://jibc.ca/privacy> OR contact the Office of the Registrar.

I certify that all information I have provided on this form is true and correct. I acknowledge that I am subject to the privacy policies of the Justice Institute of BC.

STUDENT SIGNATURE:

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SAR GROUP SIGN-OFF

IMPORTANT The Group President or Training Officer of the sponsoring SAR Group must confirm all candidates. The signatory confirms that the above applicant is an active member of the SAR group.

SAR GROUP	NAME OF TRAINING OFFICER/PRESIDENT	POSITION
PHONE	EMAIL	DATE

TRAINING OFFICER/PRESIDENT SIGNATURE:

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SUBMIT FORM TO JIBC SAR TRAINING

Justice Institute of British Columbia
Emergency Management Division
715 McBride Blvd.
New Westminster, BC V3L 5T4
Fax: 604.528.5798 | Email: sar@jibc.ca

Student Records **Date**
Updated (Initials)