



Please indicate if you have skills in the following areas:

Group Leadership \_\_\_\_\_

Typing & Clerical Work \_\_\_\_\_

Phoning People \_\_\_\_\_

Developing Play Materials \_\_\_\_\_

Sewing \_\_\_\_\_

Knitting/Crocheting \_\_\_\_\_

Transportation/Driving \_\_\_\_\_

Promotion \_\_\_\_\_

Volunteer Coordination \_\_\_\_\_

Fundraising \_\_\_\_\_

Liaison with Local Government \_\_\_\_\_

Other (*Please List*) \_\_\_\_\_

State of Health: \_\_\_\_\_

Describe any medical or personal limitations that might put you at risk in a particular disaster situation (allergies, need for access to medical care, medication, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of service within the DCC programme that will challenge me to grow: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life experience that prepares me for this work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in: Disaster response \_\_\_\_\_ On-going work in my community \_\_\_\_\_

I am willing to work: Locally \_\_\_\_\_ Provincially \_\_\_\_\_ Nationally \_\_\_\_\_ Internationally \_\_\_\_\_

References: (*List two persons, other than relatives, who are well acquainted with you.*)

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of approval from parent or guardian if applicant is under 18 years of age.)