



Municipality of Roblin
125 – 1st Ave NW, Box 998
Roblin, MB R0L 1P0
(204) 937-8333 ext. 225
aao@roblin.ca

Municipality of Roblin

EOC Volunteer Application (EVA-25)

This is the form dedicated for people to submit an application to be a volunteer for the Municipality of Roblin's EOC.

Office Usage Only

Received:	_____
Status:	_____
Completed by:	Date: _____
YYYY/MM/DD	

Criminal & Vulnerable Sector Checks are required to be included upon acceptance.*

* Cost will be reimbursed

PLEASE PRINT CLEARLY

1. Personal Information of Applicant

Surname		Given Name(s)	
Contact Information			
Address Line 1		Town / City	Province
Cell Phone #	+1 (_____) ____ - _____	Ext.	<input type="checkbox"/> Preferred #
Home Phone #	+1 (_____) ____ - _____	Ext.	<input type="checkbox"/> Preferred #
Work Phone #	+1 (_____) ____ - _____	Ext.	<input type="checkbox"/> Preferred #

2. Position(s) of Interest

Please circle the primary position of interest.

Emergency Operations Centre	Social Services Volunteers
<input type="checkbox"/> Operations Officer	<input type="checkbox"/> Emergency Social Services Coordinator
<input type="checkbox"/> Public Information Officer	<input type="checkbox"/> Reception Manager
<input type="checkbox"/> Logistics Officer	<input type="checkbox"/> Lodging Manager
<input type="checkbox"/> Scribe	<input type="checkbox"/> Food Services Manager
<input type="checkbox"/> Planning Officer	<input type="checkbox"/> Registration and Inquiry Manager
<input type="checkbox"/> Finance and Administrative Officer	<input type="checkbox"/> Food Services
<input type="checkbox"/> Liaison	

3. Employment Information

Current Employer:	Nature of Employment	
Name of Supervisor:	Contact #:	
Will your employer allow you to attend emergencies if they occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
May the municipality contact your employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Training / Certificates

First AID Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level of First Aid	Expiry
EMO Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please attach a copy of training if applicable.</i>	
Valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live within 10km of town? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Emergency Contact Information

Name	Relationship
Street Address	Contact #

6. What makes you the best candidate for the selected position(s)?

--

Disclaimer: It is the policy of this organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand that I may have access to information of a confidential nature through my volunteer role, and agree that I will not discuss or share it beyond the scope of my role and definitely not to non-EMO individuals and/or the media.

Signature: _____ Date: _____