



# Volunteer Application

Please specify which organization you would like to volunteer for:

Oceanside Emergency Support Services (OESS)

Oceanside Emergency Communications Team (OECT)

<b>Last name:</b>		<b>First name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Home phone:</b>		<b>Mobile:</b>	
<b>Email:</b>			

<b>Emergency contact:</b>	
<b>Phone:</b>	<b>Relationship:</b>

## Additional Information

	Yes	No
Do you have valid Driver's Licence		
Personal transportation?		
Are you fluent in any other languages?		
Are you willing to provide translation service?		
Are you currently employed?		
Are you retired?		
Do you agree to a criminal record check?		

**Please return this form by email, mail or in person to:**

Volunteer Coordinator  
250 937-0448  
[oessd@parksville.ca](mailto:oessd@parksville.ca)

**Oceanside Emergency Support Services**  
PO Box 1390  
100 Jensen Avenue East  
Parksville, BC V9P 2H3

**Other relevant skills or training:**