



**Nanaimo Search and Rescue Society**  
PO Box 475  
Lantzville BC V0R 2H0

**VOLUNTEER INFORMATION FORM**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

***Personal Information***

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Birthdate (yy/mm/dd): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

***In Case of Emergency Contact:***

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

***Skill & Training:***

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First Aid: \_\_\_\_\_ Expiry (yy/mm/dd): \_\_\_\_\_

CPR: \_\_\_\_\_ Expiry (yy/mm/dd): \_\_\_\_\_

Driver License Number:: \_\_\_\_\_ Class: \_\_\_\_\_

Prior SAR Training:  Yes  No

If yes, List J.I. courses attended / completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Related Courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Health History:***

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Describe your general health:     Excellent     Good     Fair     Poor

Do you have any physical or mental condition(s), which may limit your ability to perform certain kinds of work or activities?     Yes     No

If Yes, explain conditions and limitations: \_\_\_\_\_

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Have you had a major illness in the past five (5) years?     Yes     No

If Yes, explain: \_\_\_\_\_

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Have you received Worker's Compensation for any reason in the past three (3) years?     Yes     No

If Yes, explain: \_\_\_\_\_

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***Medical:***

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Are you on any medications?     Yes     No

If Yes, explain: \_\_\_\_\_

Medication Allergies?     Yes     No

If Yes, please list: \_\_\_\_\_

Any other allergies that would affect your performance?     Yes     No

If Yes, please list: \_\_\_\_\_

Please list any other medical concerns and ailments (i.e. Diabetes, Epilepsy, etc.):

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PLEASE SUPPLY ANY OTHER INFORMATION PERTINANT TO YOUR ABILITY TO PERFORM ON AN OPERATION, ON A SEPARATE SHEET OF PAPER.

***Contract***

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I understand that Nanaimo Search & Rescue will keep this information supplied on this sheet confidential. This information is for operational purposes and will only be given, in case of an emergency, to appropriate personnel or at the request of authorities.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date