

# BECOME A VOLUNTEER

Complete this section if you wish to provide your services in case of a disaster. Once **completed**, send it back **to your municipality** in the care of the **emergency measures committee**, if such a committee exists. For further information, ask your municipality.

Name :		First name :	
Address :			
Municipality :			
Telephone no :		telephone no :	
Availability : day :		night :	
<b>SERVICES OFFERED :</b>			
Personal and/or professional qualifications which can be used for community service in case of emergency :			
1.		2.	
3.		4.	
Do you own any specialized equipment that could help the committee in case of a disaster. (ex : four-wheeler, snowmobile, etc .)			
1.		2.	
3.		4.	
Would you be able to offer shelter.			
Yes :		Number of people:	
no :			
In which committee would you like to get involved ?			
Reception/registration <input type="checkbox"/>		Food service <input type="checkbox"/>	
Clothing <input type="checkbox"/>		Lodging <input type="checkbox"/>	
		Surveillance <input type="checkbox"/>	
Transportation <input type="checkbox"/>		Other : specify	