



Emergency Social Services Application

Saddle Hills County

Date (yyyy-mm-dd):

Type your name here *

Date of Birth *

Mailing Address (For follow-up correspondence)

Postal Code

Phone (Cell)

Phone (Home)

Phone (Work)

Community

Previous Training or Experience

Training Courses

References (At least 2; include phone and email)

Please use one of the options below to sign this form electronically or, print off the filled-out form and email it to protservs@saddlehills.ab.ca.

Please sign in the box below

Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility to serve in an Emergency Social Services capacity and will be shared with Administration and any other relevant local, provincial, or federal agencies. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- ☐ Yes
- ☐ No

Email address for copy of form *