



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 protsevs@saddlehills.ab.ca.

Please sign in the box below

Notice of Collection

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of determining eligibility to sit on County Boards/Committees. Upon appointment, your identifying information may be released to the general public. Direct any questions about this collection to: FOIP Coordinator, Saddle Hills County, RR 1, Spirit River, Alberta, Canada, T0H 3G0, 1-888-864-3760.