



Application for Volunteer Membership

Name

Date

Mailing Address

Physical
Address

Home Phone

Cell Phone

Email

Employer

Occupation

Age

Drivers License #

State

Are you interested in
becoming a:

Driver (drive ambulance, retrieve equip.)
EMT (Administer patient care)
Both

Do you hold any VT or
national certifications?

EMR
EMT
AEMT
Paramedic

Do you have
training in CPR?

Basic CPR
Professional Rescuer CPR
I am an instructor

Members are expected to run a regular, full, 12 hour shift each week and two, 12 hour weekend shifts each month. Weekend shifts are scheduled at your convenience.

Night Shift Availability
(6pm to 6am)

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday

Day Shift Availabilty
(6am to 6pm)

Monday
Tuesday
Wednesday
Thursday
Friday

Why do you want to join Richmond Rescue? Do you have career plans that include healthcare? Include any previous volunteer experience.

References

A non-relative you have known for more than 1 year - preferably an employer, coach, teacher or coworker

Name

Relationship

Email

Daytime
phone

Name

Relationship

Email

Daytime
phone

Name

Relationship

Email

Daytime
phone

Name

Relationship

Email

Daytime
phone

Return your application to director@richmondrescue.org or mail to:
216 Railroad Street, Richmond, VT 05477

What are the next steps?

- We'll check your references and contact you to set up a ride-along/interview
- When we have an opening on a crew that works with your schedule, our board of directors will vote on making you a probationary member
- Once you are a member we'll perform a background check and DMV check
- You'll attend a new member orientation with our training officer

For office use only

Accepted

Date

Rejected

Tabled

Withdrawn