



Application for Volunteer Membership

Name

Date

Mailing Address

Physical

Address

Home Phone

Cell Phone

Email

Occupation

Employer

Age

Drivers License #

State

Are you interested
in becoming:

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

Duty shift availability

Day (6am to 6pm)

Night (6pm to 6am)

Why do you want to
join Richmond
Rescue?

Do you have any
previous volunteer or
EMS 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
PO Box 404, Richmond, VT 05477

What are the next steps?

1. We'll check your references and contact you to set up a ride-along/interview
2. 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
3. Once you are a member we'll perform a background and DMV check
4. You'll attend a new member orientation with our training officer

For office use only

Accepted

Date

Rejected

Tabled

Withdrawn