

WOONSOCKET EMERGENCY MANAGEMENT AGENCY  
VOLUNTEER APPLICATION FORM



Woonsocket Emergency Management Agency welcomes volunteers of all ages and abilities to provide assistance in various functions. We ask that you please fill out the form completely to be considered for available volunteer opportunities. Thank you for your time and interest in serving Woonsocket Emergency Management Agency.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Telephone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. List here any special training, talents, or interests you have that would be relevant to volunteer placement.

6. Days and times you are available to volunteer:

Monday: From \_\_\_\_\_ To \_\_\_\_\_

Tuesday: From \_\_\_\_\_ To \_\_\_\_\_

Wednesday: From \_\_\_\_\_ To \_\_\_\_\_

Thursday: From \_\_\_\_\_ To \_\_\_\_\_

Friday: From \_\_\_\_\_ To \_\_\_\_\_

Saturday: From \_\_\_\_\_ To \_\_\_\_\_

Sunday: From \_\_\_\_\_ To \_\_\_\_\_

7. Do you have transportation to the work site? No \_\_\_\_\_ Yes \_\_\_\_\_

8. Date available to begin volunteer work? \_\_\_\_\_

**Personal References**

Please list two

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Information**

In case of emergency, do you have a medical problem that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

**Person to notify in case of emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Physicians name \_\_\_\_\_ Phone \_\_\_\_\_

**FAX OR MAIL TO:  
WOONSOCKET EMERGENCY MANAGEMENT AGENCY  
5 CUMBERLAND HILL ROAD  
WOONSOCKET, RI 02895  
ATTENTION: CHIEF GARY LATAILLE  
FAX: 401-597-6675**

**Criminal Background Check  
Release and Disclaimer**

Name: \_\_\_\_\_  
(Print or Type)

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_  
hereby direct and authorize the Bureau of Criminal Identification of the Department  
of the Attorney General for the State of Rhode Island to make available to:

any criminal record that the Bureau of Criminal Identification  
has on file in reference to me.

I hereby waive and release any and all manner of actions,  
causes of action, and demands of every kind, nature,  
and description, arising from any release of criminal records and requests there from,  
whatsoever against the State of Rhode Island, Bureau of Criminal Identification,  
the Attorney General, and employees of the Attorney General's Office in both law  
and equity which I may now have or in the future may have.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 2009

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**NOTE: A copy of a photo ID with D/O/B must accompany this Disclaimer**

**Photocopy form with Driver's License here,  
then sign the photocopied form  
(make sure photocopy of identification is clear and legible before signing)**