



CITY OF PROVIDENCE

Angel Taveras, Mayor

Volunteer Application

Name			
First Name:		Last Name:	
Phone Number: (please circle main phone)			
Home:		Cell:	
Address			
Street			
City			
State		Zip Code	
DOB:		Social Security #:	
Are you Bilingual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Email Address:			
Have you already taken a class with PEMA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Information:			
Name:		Phone Number:	
Relationship:			
Are there any allergies you think we should know about:			

PEMA has monthly meetings the first Wednesday of each month for volunteers. The meeting runs from 6pm-7pm. What month will you be able to start attending the meetings? _____

When would you be able to start training/participating in events? _____

As a Volunteer you will be cross trained in all categories. However, what would your primary interest be?	
	Community Emergency Response Team (CERT)
	Red Cross Shelter Team (RCST)
	Medical Point of Distribution (MED POD)
	Emergency Operations Center Staff (EOC)
	Providence Emergency Management General Volunteer

Any Special skills you may have please list i.e. (bi lingual, medical, HAM Radio, etc.);

Have you ever been arrested before? Yes ____ No ____

Explain _____

*Please be advised that completion of this application **will** be subjected to a **BCI**. Also please be advised any false information provided on your application will lead to **termination**.

For further information please contact: Felicia Porawski at the Providence Emergency Management Agency
591 Charles Street, Providence, RI 02904
Office: (401)680-8096 Fax: (401)680-8058
Email: fporawski@providenceri.com

PROVIDENCE EMERGENCY MANAGEMENT AGENCY + OFFICE OF HOMELAND SECURITY

591 Charles Street Providence, Rhode Island 02904

401 680 8000 ph | 401 680 8058 fax

www.providenceri.com



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Disclaimer

I understand that as part of my application, PEMA **will** conduct a background check.

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Providence Emergency Management Agency & Office of Homeland Security 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, cause of actions, 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.

PRINT YOUR NAME

FOR PERSONNEL USE ONLY

Date: _____

YOUR SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NOTE: Copy of valid photo identification with date of birth must accompany this Disclaimer. Email or fax signed application copy into Providence EMA.

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