



CITY OF PROVIDENCE

Angel Taveras, Mayor

Volunteer Application

Full Name:	
DOB:	Social Security#:
Main Phone:	Secondary Phone:
Physical Address:	Mailing Address if Different:
Email Address:	

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?

Please indicate the team you are interested in joining?	
<input type="checkbox"/>	Certified Emergency Response Team (CERT)
<input type="checkbox"/>	Red Cross Shelter Team (RCST)
<input type="checkbox"/>	Medical Point of Distribution (MED POD)
<input type="checkbox"/>	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



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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.