



EXETER RESCUE CORPS, INC.
VOLUNTEER APPLICATION
P.O. Box 333 Exeter, RI 02822
Tel (401)583-4505 Fax (401)583-4506

NOTE TO ALL APPLICANTS: All applications must be accompanied with BCI check form.

Application for Volunteer Membership

Name _____ Phone (____) _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____

List any medical related courses taken or certifications held:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

1) Have you been convicted of any motor vehicle violation in the past 3 years? _____
If yes, please explain _____

2) Have you been involved in any motor vehicle accidents in the past 3 years? _____
If yes, please explain _____

3) Have you ever been arrested? _____ if yes, please explain _____

4) Have you ever been convicted of a crime? _____ if yes, please explain _____

5) Do you have any preexisting medical or physical conditions that would limit or restrict the duties as Driver or EMT? _____ if yes, please explain _____

6) Are you currently or have you been on disability? _____ if yes, please explain _____

Note: As a condition of acceptance, a doctor's letter attesting to the applicants capability of performing any and all duties associated with Emergency Care and Transportation of the sick and injured, may be required at the applicant's expense.

Please list 3 non-related references.

1) Name _____ Phone (____) _____
Address _____ City _____ State _____

2) Name _____ Phone (____) _____
Address _____ City _____ State _____

3) Name _____ Phone (____) _____
Address _____ City _____ State _____

In filling out this application and affixing my signature below, I affirm that the above information is complete and correct.

Signature _____ Date _____

The following information is requested by the federal government in order to monitor our compliance with the various antidiscrimination laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based on this information nor whether you choose to furnish it. If you choose not to furnish it, however, under federal regulation we are required to note the race or sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check here _____.

Requested Civil Rights Compliance Information

Ethnicity: Hispanic or Latino _____
Not Hispanic or Latino _____

Race/National Origin: American Indian or Alaskan Native _____ Asian _____ Black or African
American _____ Native Hawaiian or Other Pacific Island _____ White _____

Sex: Female _____ Male _____