RESPONDER™ CARE

EMS

B.R.H.
1971-2023

EMERGILITY Special Programs

In honor & loving memory of
Brian **R**. **H**ricik, 1971-2023

“**B**ringing **R**esponders **H**elp”

Get Help. Volunteer. Donate.

Volunteer Application

"Bringing Responders Help"
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Responder Care™ Emergency Medical Services (EMS)

Volunteer (Administrative & Operational) Application

I wish to apply as a **Volunteer** with **Responder Care™**

☐	Administrative	☐	Operational

Application Information

Legal Name (first, middle, last)	
alias (a.k.a.)	preference

Age	**Date of Birth** (mm/dd/yyyy)	**SSN**
Place of Birth (city, county, state, country)		
Citizenship (list all):		
Home Address: (street)		
(city county, state, zip code)		
Work Address: (street)		
(city county, state, zip code)		
Phone (primary)	**E-mail** (primary)	

Emergency Contact

Primary Contact (first, middle, last)	
Relationship	
Address: (street)	
(city county, state, zip code)	
Phone (primary)	**E-mail** (primary)

I hereby acknowledge and accept that this application is completely voluntary and that this application, and volunteer screening process, does not suggest, express, or imply an employee-employer relationship, employment opportunity, or employment agreement with or between the applicant and Emergility, LLC, and/or Responder Care™, an EMERGILITY® Special Program.

I hereby voluntarily provide confidential and personal identifying information (PII) for use by Responder Care™, an EMERGILITY® Special Program, as permitted and/or required by law. I consent to the use of all information included herein for human resource purposes, to include but not limited to, background suitability, employment and certification verification, professional standards inquiries and/or special investigations, with the understanding that all information will be protected against untoward distribution.

Name (print)	**Signature**
Date	

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Education

Institution/University Name		
School/College Name		
Program Name		
Name of Degree		
Type (AA/AS; BA/BS; MA/MS/MPH/MHA/MHS; PhD; DNP; MD/DO; other)		
Started (mm/dd/yyyy)	**Completed** (mm/dd/yyyy)	**Anticipated** (mm/dd/yyyy)

Institution/University Name		
School/College Name		
Program Name		
Name of Degree		
Type (AA/AS; BA/BS; MA/MS/MPH/MHA/MHS; PhD; DNP; MD/DO; other)		
Started (mm/dd/yyyy)	**Completed** (mm/dd/yyyy)	**Anticipated** (mm/dd/yyyy)

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Institution/University Name		
School/College Name		
Program Name		
Name of Degree		
Type (AA/AS; BA/BS; MA/MS/MPH/MHA/MHS; PhD; DNP; MD/DO; other)		
Started (mm/dd/yyyy)	**Completed** (mm/dd/yyyy)	**Anticipated** (mm/dd/yyyy)

Certifications, Registrations & Licenses

Name	Identifier/No.	Type	Issued by	Issued on (mm/dd/yyyy)	Expires (mm/dd/yyyy)
[EXAMPLE] General Class	KB8YER	Amateur Radio License		07/01/1995	07/01/2025
[EXAMPLE] BLS CPR HeartSaver	H293fywenfc39fhh	Certification	American Heart Association (AHA)	07/01/1995	07/01/2025

Certifications, Registrations & Licenses (cont.)

Name	Identifier/No.	Type	Issued by	Issued on (mm/dd/yyyy)	Expires (mm/dd/yyyy)

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Work

Company/Organization Name		
Agency/Department Name		
Division/Program Name		
Address: (street)		
(city county, state, zip code)		
Position Title		
Roles (Leadership, Administrative, Operational, etc.)		
Responsibilities (Leadership, Administrative, Operational, etc.)		
Reason for leaving		
Start Date (mm/dd/yyyy)	**Current** (yes/no)	**End Date** (mm/dd/yyyy)
Starting Salary (USD $___.__ / hr. or yr.)	**Current/End Salary** (USD $___.__ / hr. or yr.)	
Supervisor (first, last)	**Phone** (primary)	**Phone** (secondary)
Title	**E-mail** (primary)	**E-mail** (secondary)

Company/Organization Name		
Agency/Department Name		
Division/Program Name		
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(city county, state, zip code)		
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Title	**E-mail** (primary)	**E-mail** (secondary)

Work (cont.)

Company/Organization Name		
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Division/Program Name		
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Title	**E-mail** (primary)	**E-mail** (secondary)

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Work (cont.)

Company/Organization Name		
Agency/Department Name		
Division/Program Name		
Address: (street)		
(city county, state, zip code)		
Position Title		
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Title	**E-mail** (primary)	**E-mail** (secondary)

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Agency/Department Name		
Division/Program Name		
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Supervisor (first, last)	**Phone** (primary)	**Phone** (secondary)
Title	**E-mail** (primary)	**E-mail** (secondary)

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Character References

Name (first, middle initial, last)
Relationship (family, personal, professional, supervisor, client, etc.) | **Years known**
Address: (street)
(city county, state, zip code)
Phone | **E-mail**

Name (first, middle initial, last)
Relationship (family, personal, professional, supervisor, client, etc.) | **Years known**
Address: (street)
(city county, state, zip code)
Phone | **E-mail**

Name (first, middle initial, last)
Relationship (family, personal, professional, supervisor, client, etc.) | **Years known**
Address: (street)
(city county, state, zip code)
Phone | **E-mail**

Name (first, middle initial, last)
Relationship (family, personal, professional, supervisor, client, etc.) | **Years known**
Address: (street)
(city county, state, zip code)
Phone | **E-mail**

Other Notable Information