



# Amesbury Office of Emergency Management

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## APPLICATION FOR MEMBERSHIP

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ DOB: \_\_\_\_\_

Contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### **i. Skills and Interests**

Education: Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date attended \_\_\_\_\_

License(s) held \_\_\_\_\_ Language(s) spoken fluently \_\_\_\_\_

Hobbies, skills, & interests: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **ii. Experience (paid and volunteer, beginning with the most recent):**

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**iii. Volunteering Preferences:**

Is there a particular type of volunteer work in which you are interested? \_\_\_\_\_ Yes, \_\_\_\_\_ No

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Availability (days and hours): \_\_\_\_\_

Do you have access to a vehicle that you can use for volunteer work? \_\_\_\_\_ Yes, \_\_\_\_\_ No

How did you hear about our agency? \_\_\_\_\_

**iv. References**

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

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**v. Verification and consent for Reference and Background check:**

I verify that the above information is accurate to the best of my knowledge.

I understand that there is a 6 month probationary period. This is to allow the Agency to evaluate the volunteer's performance and participation, and to allow the volunteer and the Agency to evaluate the suitability of the relationship.

I give the Amesbury emergency Management Agency permission to inquire into my educational background, references, licenses, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Amesbury Emergency Management Agency

I hold Amesbury Emergency Management Agency harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named Agency. I understand that Amesbury Emergency Management Agency will use this information only as part of its verification of my volunteer application.

Name (please print) \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

e-mail address \_\_\_\_\_