

# Are You OK? - R.U. OK?

A Special Needs Registry Program



## VOLUNTEER APPLICATION

YOU MAY SUBMIT ONE FORM PER PERSON ELECTRONICALLY  
OR YOU MAY PRINT AND MAIL TO:

**WILTON TOWN HALL  
R.U. OK? PROGRAM  
22 TRAVER ROAD  
GANSEVOORT, NY 12831**

Last Name  First Name  MI

Address  City  State  Zip Code

Home Phone  Cell Phone  E-mail

Prior Volunteer Experience?  Yes  No If Yes, with Whom?

Age Range (Select one)  Are you willing to receive some basic training to become an R.U. OK? Volunteer?  Yes  No

Briefly state why you would like to volunteer for the Town of Wilton's R.U. OK program? \_\_\_\_\_

Please describe any experience/certifications you may have in emergency response: (Such as AED, CPR, First Aid, Fire) \_\_\_\_\_

I verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this application is incomplete or untrue, I understand that any volunteer assignment will be terminated. I give permission for this application to be shared with member agencies of Wilton R.U. OK.

Signature  Date

Parent Signature (if under 21)  Date