



**Town of Emerald Isle
EMS Department
VOLUNTEER APPLICATION – NON-RESPONDER**

Name: _____

Date of Birth: _____

Street Address: _____

Primary Phone Number: _____

E-Mail: _____

Please write something as to why you want to volunteer with the EMS Department: _____

Applicant Signature: _____ Date: _____

**Thank you for your interest in helping our community through your service
with the Town of Emerald Isle EMS Department.**

(Office Use)

Date Volunteer Application Approved: _____

Mailing Address: 7500 Emerald Isle, NC 28594
Physical Address: 7604 Emerald Isle, NC 28594
Phone: 252-354-2249 Fax: 252-354-9384