

Volunteer Enlistment Form
14th R.I. Program

Name _____
(First) (M.I.) (Last)

of _____
(Street Address)

Town of _____ **State of** _____
(including Zip)

aged _____ **years, and by occupation a** _____

does hereby agree to serve as a re-enactor in the 14th Rhode Island Heavy Artillery for a period of 12 months, unless sooner discharged by proper authority.

Sworn and subscribed to this
day of _____, 20_____

before _____
Clerk Volunteer's Signature

I certify, on honor, that I have carefully examined the above-named Volunteer agreeably to the Regulations, and that, in my opinion, he/she is free from all defects and infirmities which would in any way dis-qualify him/her from performing the duties of a re-enactor, that he/she was entirely Sober when enlisted; and that he/she is of Lawful Age

This re-enactor has ___ eyes, ___ hair, is ___ feet, ___ inches high

Additional Information

Home Telephone _____ Work Telephone _____

Date of Birth _____ Social Security No. _____

Parent/Partner/Spouses' Name and Phone _____

Special talents or skills _____
