



Scituate Emergency
Management
1315 Chopmist Hill Road
North Scituate, RI 02857



**Scituate EMA Volunteer Group
BACKGROUND CHECK
Application**

PLEASE PRINT or TYPE
(Must be at least 18 years of age)

NAME (Last, First, Middle Initial)

SOCIAL

Date of Birth

Age

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

DRIVER'S LICENSE NUMBER/STATE

OCCUPATION

PLACE OF EMPLOYMENT

STREET ADDRESS (EMPLOYMENT)

CITY

STATE

ZIP

Have you ever been convicted of a crime? (*Circle Answer*) YES NO

If YES, explain where, when and case disposition

By signing below, I authorize the Scituate Police Department to conduct a criminal background check, including records of local, state, and federal law enforcement agencies to be used solely for the purpose of admittance to the Scituate Emergency Management Agency as a volunteer.

SIGNATURE

DATE

1315 Chopmist Hill Road ~ Scituate, RI 02857 ~ <http://www.scituateriema.org/> ~ 401-647-3000 ~ fax 401-764-0821

SCITUATE EMERGENCY MANAGEMENT AGENCY

Authorization for Release of Information

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information.

I do hereby agree to permit the SCITUATE POLICE DEPARTMENT to run a background check on me and release them of any liability in doing so.

I do hereby authorize the release of any and all information to:

The Scituate Emergency Management Agency

1315 Chopmist Hill Road

North Scituate, Rhode Island 02857

Please mail to the above address _____ I will pick up when ready _____

PRINTED NAME

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL

DATE OF BIRTH

PLACE OF BIRTH

CITIZENSHIP

EMAIL ADDRESS

____ No disqualifying information

____ Disqualifying information

DATE

APPLICANT'S SIGNATURE

CHIEF OF POLICE

EMA DIRECTOR