



Richmond Police Department
 PO Box 203
 1168 Main St.
 Wyoming, RI 02898

Elwood M. Johnson, Jr.
 Chief of Police

401-539-8289 - Phone
 401-539-8293 - Fax

Date: _____

I, _____, Date of Birth _____

make application for volunteering to the Richmond Emergency Management Association. To allow the Richmond EMA the opportunity to conduct a complete and proper background check, I do hereby authorize Chief Elwood Johnson, or his agent, to examine all criminal records pertaining to myself and to release these findings the Richmond EMA.

 Signature of Application

 If applicant is a minor, complete the following:

Person is a minor _____
 Years of age

 Signature of Guardian

 Subscribed and sworn before me this _____ day of _____, 20 ____ in the city/town of _____, State of Rhode Island.

 Notary Signature

 Commission expiration date