

**Township of East Greenwich / Department of Police
Request for Background Check / Volunteer Applicant**

Applicant Name: _____

Address: Street _____ City _____ State _____ Zip _____

SS#: _____ Birth Date: _____ Sex _____ Race _____ Height _____

Place of Birth: City _____ State _____ Weight _____ Hair Color _____ Eye Color _____

Marks, Scars, Tattoos _____

Occupation _____ Employer _____

Driver License#: _____ State: _____

I, _____ am making application to become a volunteer member
(Name of Applicant)

of the _____ and am aware that a driver
(Name of Volunteer Organization)

license and criminal history check will be conducted in order to determine my eligibility to participate. I am aware that I will be verbally advised of the results of said background checks. I will bear the responsibility to challenge or have corrected any information on records of the Division of Motor Vehicles or the State Bureau of Identification. The Township of East Greenwich is in no way authorized or responsible to correct or change information contained in such records.

Applicant Signature: _____ Date: _____

Notice to Public Officials

The East Greenwich Township Police Department has agreed to be the conduit between your volunteer agency and the S.B.I. We will submit a state applicant fingerprint card for every volunteer applicant and will be responsible for reviewing the CCH Record (Rap Sheet). Your volunteer agency will be advised of the results only. All hard copy responses from the state will be destroyed. The responsibility to challenge or correct any record lies with the applicant. It is the responsibility of your volunteer organization to approve or deny applications for membership.

William E. Giordano
Chief of Police

Name of Volunteer Organization: _____

Address: _____
(Street) (City) (State) (Zip)

Head of volunteer agency requesting background information: _____
(Print Name)

Signature: _____ Date: _____