



JAMESTOWN EMERGENCY MANAGEMENT

250 Conanicus Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

www.jamestownri.gov/police

Edward A. Mello
Chief of Police



Emergency Management Team Application

Name: _____

Address: _____

City: _____ **State:** _____

Date of Birth: _____

Phone (Home): _____ **Phone (Cell):** _____

Cell phone provider (AT&T, Verizon, etc.): _____

Email address: _____

Do you have any special skills/certifications?

I hereby authorize and give the Jamestown Police Department and its agents the authority to conduct a criminal background check. This authorization for release of information is solely for the purpose of conducting a criminal background check for the selection of the Jamestown Emergency Management Team. I hereby release to the Jamestown Police Department and its agents and anyone who gives written or oral information about me to the Jamestown Police Department from any claims of liability or damages which may occur as a result of the criminal background check.

Signature