



BRISTOL FOURTH OF JULY COMMITTEE

Membership Application

Any individual, having attained the age of eighteen (18), and who is a legal resident of Bristol for all or part of the year, may apply for membership on the Bristol Fourth of July Committee. This Bristol Town Council requires that all new members pass a background check prior to be considered for membership.

Instructions: **1.** Complete the following application and mail it to PO Box 561, Bristol, RI 02809. **2.** Complete the attached Authority for Release of Information form and bring it and a copy of your driver's license to the Town Clerk's Office located in the Bristol Town Hall, 10 Court Street.

Name Date of Birth (Month/Day Only)

Address City, State, Zip Code

Phone (Home) Phone (Work) Phone (Cell)

Email

Please submit my name for consideration for the period beginning: February 1 August 1

Why would you like to become a member of the Bristol Fourth of July Committee?

What are your interests?

DUTIES OF MEMBERS

1. Work on the day of the Parade. Assignments may include, but are not limited to, Parade formation, vending, coordinating, transportation, and other activities related to the day.
2. Attend a minimum of three (3) General Committee meetings from October 1st through May 15th and work at a minimum of three (3) events per year from October 1st through the following September 30th.
3. Work on Subcommittees and at events in addition to Parade Day. Requests for assignments to specific Subcommittees will be honored as permissible but will be at the discretion of the General Chairman

CODE OF ETHICS

Members of the Fourth of July Committee shall abide by the Rhode Island Code of Ethics and the following Code of Ethics.

1. Members of the Committee shall be law-abiding citizens of the State of Rhode Island;
2. A member shall be removed from the Committee if he/she is found guilty of a felony by a court of competent jurisdiction;
3. No member of the Committee shall use his/her position solely as a means for personal monetary profit;
4. Decisions of the Committee shall be made without regard to race, sex, creed, color, national origin, or health of individuals concerned;
5. Members shall respect the opinions and beliefs of all concerned and shall not discriminate against an individual based on his/her personal prejudices.

Members shall behave in a manner that is socially acceptable and respectful of one another.

I hereby certify that I am at least 18 years of age and am a legal resident of the Town of Bristol, RI. I further certify that I have read and understand the Duties of Members and the Code of Ethics.

Signature Date

Please mail completed application to Bristol Fourth of July Committee, Attn: Membership Subcommittee, P.O. Box 561 Bristol RI 02809

P.O. Box 561 • BRISTOL, RHODE ISLAND • 02809-0561 • WWW.FOURTHOFJULYBRISTOLRI.COM



Bristol Police Department

395 METACOM AVENUE ❖ BRISTOL, RHODE ISLAND 02809
TELEPHONE (401) 253-6900



KEVIN M. LYNCH
Chief of Police

AUTHORITY FOR RELEASE OF INFORMATION (PLEASE PRINT)

NAME _____ DOB _____
MAIDEN NAME _____
LICENSE # _____ STATE _____ CLASS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____

This release, when presented by a duly authorized representative of The Bristol Police Department will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that which may be privileged in nature. This includes, but is not limited to employment information, military information, residence records and police or criminal records.

This information is given in connection with a personal background investigation being conducted by the Bristol Police Department for the purposes of:

Volunteer Work: _____
(State name of organization and position you are volunteering for)

Other: _____

SIGNATURE: _____ DATE: _____

*** Please Include Copy of Valid State-Issued Driver's License or Photo ID

It is understood that photocopies of this release may be considered as originals.

NOTE: If you have resided in any other state(s) besides Rhode Island, please list them on the reverse side of this form.

*** Do Not Write Below This Line (For Police Department Use Only) ***

POLICE RECORD: YES NO FEE: _____

Authorized BPD Signature: _____ Date: _____