



Volunteer Fire & Rescue Services Background Check Form



Date: _____

Name: _____

Address: _____

DOB: _____ SSN: _____

Driver's License Number and State: _____

All states resided in within the past twenty (20) years:

I, _____, hereby authorize a records check to be completed as part of my volunteer application for _____ Fire Company.

I understand and authorize a Criminal, Civil, and Motor Vehicle records check to be conducted in all states in which I have resided. All information received will be maintained confidential, but may become part of my personal file. The fire company may employ such persons it deems necessary to secure these records.

I hereby release and waive my rights regarding these records and authorize their recovery to _____ Fire Company.

Signature Date

Company Officer Signature Print Name Date