

Volunteer Employment Consent/Release Form

G. If you are 18 years or older, you will need a background investigation done by the State of Maryland.

St. Mary's County Volunteer Emergency Services

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for _____

_____ to obtain information regarding myself. This includes the following.

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with St. Mary's County guidelines.

Print Name:

_____ Date: _____

Signature:
