

Consent/Release Form

St. Mary's County Volunteer Emergency Services

Applicant's Full Name (Print)

Social Security Number: _____ Date of Birth: _____

Applicant's Address:

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for Mechanicsville Volunteer Rescue Squad, Inc. to obtain my background information. Including 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: _____