



Purcellville Volunteer Rescue Squad Inc.
 211 South 20th Street
 PO Box 38
 Purcellville, VA 20134
 540-338-4706
www.purcellvillerescue.org

CRIMINAL & DRIVING HISTORY CONSENT FORM

| | | | |
|---------------------------|------------------------------------|-----------------------------------|--------------------------------------|
| Applying for (Check One): | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Employee | <input type="checkbox"/> Ride-A-Long |
|---------------------------|------------------------------------|-----------------------------------|--------------------------------------|

| | | | | |
|------------------|-----------|------------|-------------|---------------------------|
| Full Legal Name: | | | | |
| | Last Name | First Name | Middle Name | Suffix (Jr. Sr, III, etc) |

| | | | | |
|-----------------|------------------------------|-----------|-------|-----|
| Current Address | | | | |
| | Street Address (no PO Boxes) | City/Town | State | Zip |

| | | | | |
|------------------|------------------------------|-----------|-------|-----|
| Previous Address | | | | |
| | Street Address (no PO Boxes) | City/Town | State | Zip |

| | | | |
|----------------|---|--------------------------|--|
| Date of Birth: | | Social Security Number: | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Driver's License Number: | |
| Race: | | Contact Phone: | |

| | | | |
|-------------------------|-----------|------------|-------------|
| Alias or Previous Names | | | |
| | Last Name | First Name | Middle Name |

Notice of Driver History Check: *As part of this consent, you (the applicant) must provide a current DMV driving report which is dated within 30 days of your application. To obtain this, please go to a local DMV office, present your driver's license and have the report printed out. Any cost for this report is your responsibility. This form will not be processed and accepted without that form.*

Please Check One: DMV Report Attached Never Possesses Driver License

I, the undersigned do hereby certify that the information provided by me for the purpose of this consent is true and complete to the best of my knowledge. I further understand that if any information found herein is discovered to be false, immediate action will be taken against me by Purcellville Rescue, up to and including termination.

The release and authorization acknowledges that this organization may now, or at any time while you are a member, receive any criminal history record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Virginia or any other states and/or information as deemed necessary to fulfill the member requirements. The results of this verification process will be used to determine your participation eligibility under these organizations policies. All results will be proprietary and will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to the officers of this organization

I have read and understand this release and consent and I authorize the background verification.

| | | | |
|------------------------|--|-------|--|
| Applicant's Signature: | | Date: | |
|------------------------|--|-------|--|

| | | | |
|------------------|---------------|--|---|
| Office Use Only: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |
| | Date Received | DMV Received | Date Processed |
| | | | Results of Search |