

James City Volunteer Rescue Squad

Driving Record Check Authorization

I _____, UNDERSTAND THAT AS A REQUIREMENT FOR THE POSITION THAT I CURRENTLY HOLD OR AM APPLYING TO HOLD AS AN EMERGENCY VEHICLE OPERATOR AT THE JAMES CITY RESCUE SQUAD AND/OR THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT, I MUST POSSESS A VALID VIRGINIA MOTOR VEHICLE OPERATOR'S LICENSE. I UNDERSTAND THAT THE JAMES CITY RESCUE SQUAD AND THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT WILL PERFORM ANNUAL DRIVING RECORD CHECKS AS WELL AS RANDOM CHECKS AS DEEMED NECESSARY. BY PLACING MY SIGNATURE BELOW, I AM AUTHORIZING THE JAMES CITY RESCUE SQUAD AND/OR JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO PERFORM A DEPARTMENT OF MOTOR VEHICLES RECORD CHECK AT ANY TIME DURING THE DURATION OF MY MEMBERSHIP WITH THESE ORGANIZATIONS.

I HEREBY AUTHORIZE THAT THE JAMES CITY RESCUE SQUAD AND/OR THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO CONDUCT CHECKS OF MY DRIVING RECORDS. I UNDERSTAND THAT THE JAMES CITY RESCUE SQUAD AND/OR JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT WILL INFORM ME IF THE INFORMATION CONTAINED IN THE RESULTING REPORT IS IN ANY WAY USED IN MAKING A DECISION REGARDING MY FITNESS TO OPERATE ANY EMERGENCY VEHICLE.

DATE: ____/____/____

PRINTED NAME:
SIGNATURE:
LEGAL GUARDIAN PRINTED NAME:
LEGAL GUARDIAN SIGNATURE:
DATE OF BIRTH: MONTH: DAY: YEAR:
DRIVER'S LICENSE NUMBER: