

James City-Bruton Volunteer Fire Department

3135 Forge Road Toano, Virginia 23168 • (757)566-1905 (757)566-1567 • www.toanovolunteers.com

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-BRUTON VOLUNTEER FIRE DEPARTMENT AND/OR JAMES CITY VOLUNTEER RESCUE SQUAD, I MUST POSSESS A VALID VIRGINIA MOTOR VEHICLE OPERATOR'S LICENSE. I UNDERSTAND THAT THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT AND JAMES CITY VOLUNTEER RESCUE SQUAD 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-BRUTON VOLUNTEER FIRE DEPARTMENT AND/OR THE JAMES CITY VOLUNTEER RESCUE SQUAD 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 JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT AND/OR JAMES CITY VOLUNTEER RESCUE SQUAD TO CONDUCT CHECKS OF MY DRIVING RECORDS. I UNDERSTAND THAT THE JAMES CITY BRUTON VOLUNTEER FIRE DEPARTMENT AND/OR JAMES CITY VOLUNTEER RESCUE SQUAD 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.

<u>PRINTED NAME</u>		
<u>SIGNATURE</u>	<u>DATE</u>	
<u>DATE OF BIRTH</u>		
MONTH	DAY	YEAR
<u>DRIVERS LICENSE CUSTOMER NUMBER</u>		