## BREVARD COUNTY OFFICE OF EMERGENCY MANAGEMENT

## VOLUNTEER APPLICATION & AUTHORIZATION TO RELEASE INFORMATION

Applicant's name:		
First	Middle	Last
Include other name(s) by which the Applicant may be known:		
Applicant's current address (Street, Cit	y, State, Zip Code <b>):</b>	
Applicant's Date of Birth:		
Brevard County contact person:		
I, the undersigned, authorize and corporation provided a copy (includin Application & Authorization to Relevelease and disclose to such agency regarding me, including, but not not verification of education, volunteer expected (if any), and background. I either in writing, in connection with my	g photocopy or facsimile ease Information by the y any and all information ecessarily limited to, rexperience, military receivable authorized this in	e copy) of this <b>Volunteer</b> e above-stated agency to ion or records requested my employment records, ords, criminal information formation to be released,
Any person, firm, organization, or accordance with this authorization is compliance. Such information will b guidelines.	released from any and	d all claims or liability for
Brevard County Office of Emergency deny any applicant.	Management, in its' sole	discretion will approve or
Signature of Prospective Volunteer		Date
Signature of Witness or Parent/Guardi	ian (if under 18)	Date