



**COUNTY of ALBEMARLE**

Department of Fire and Rescue  
401 McIntire Road, Suite 222  
Charlottesville, Virginia 22902-4596  
Voice: 434.296.5833  
FAX: 434.972.4123  
www.ACFireRescue.org

**PERMISSION TO RELEASE INFORMATION**

The undersigned, in order to apply for a position as a volunteer with an Albemarle County, Virginia fire, rescue, or emergency medical services agency gives permission to the Albemarle County Department of Fire and Rescue and any representative of such to contact current and prior employers, my listed references, and volunteer organizations of which I am now or have been a member, or in whose activities I have participated, for the purpose of obtaining copies of my records, or oral information related to my employment or volunteer service. I release my employers, volunteer organizations, their agents, officers, and employees, and Albemarle County, its employees, agents, officers, and volunteers from any claims or liability resulting in any manner or arising out of these requests for information and use of the information for the purpose of reviewing my application for volunteer service.

Date: \_\_\_\_\_

Name(print or type): \_\_\_\_\_

Signature: \_\_\_\_\_

**DO NOT SIGN or date this document until you are in the presence of a Notary Public. The form must be witnessed, signed, and sealed by a Notary Public.**

**CERTIFICATE OF ACKNOWLEDGEMENT**

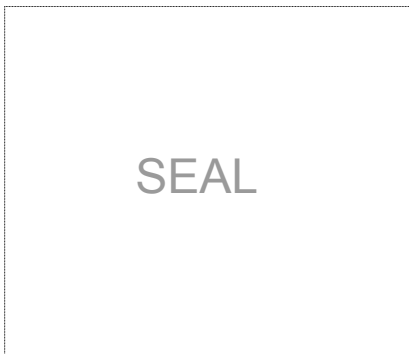
COMMONWEALTH OF VIRGINIA

County/City of \_\_\_\_\_, to-wit:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_.

(Name of person seeking acknowledgement)



\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_