

**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, City, State, Zip Code): _____

Applicant's Date of Birth: _____

Brevard County contact person: _____

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Volunteer Application & Authorization to Release Information** by the above-stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, verification of education, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing, in connection with my application to be a volunteer.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Brevard County Office of Emergency Management, in its' sole discretion will approve or deny any applicant.

Signature of Prospective Volunteer

Date

Signature of Witness or Parent/Guardian (if under 18)

Date