CHESTERFIELD COUNTY
POLICE DEPARTMENT
Release of Information
Criminal Record Check

	CONTROL NUMBER

USE THIS FORM FOR:

- CO-SPONSORED COACHES
- FIRE/EMS VOLUNTEERS
- COUNTY EMPLOYMENT
- PROSPECTIVE COUNTY EMPLOYEES
- SOCIAL SERVICE APPLICANTS
- COUNTY VOLUNTEERS
- SOLICITOR/PERMITS

APPLICANT REQUEST– *CHOOSE ONLY ONE*

Co-Sponsored League Or Association		
Coaches Card Renewal: (Current Card Number)		
FIRE/EMS VOLUNTEER Fire Station # or Rescue Squad		
COUNTY EMPLOYMENT Employee: Position or Promotion		
Social Services Request ☐	Other: Please Specify	

APPLICANT'S PERSONAL INFORMATION

Last Name (With Suffix)	First Name	Full Middle Name
Other Legal Names Used		
Maiden Name	Gender ☐ Male ☐ Female	Race
Height ‘Feet ‘’Inches	Weight Pounds	Social Security Number
Eye Color	Hair Color	
Date of Birth	State of Birth	COUNTRY OF BIRTH
Street Address		
City, State & Zip Code		
Primary Telephone	Secondary Telephone	Email Address

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I, the applicant, hereby authorize Chesterfield County to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for "OFFICIAL USE" by Chesterfield County for the sole purpose of determining my eligibility to: volunteer, be employed, be promoted or transferred, or for Social Services application and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for volunteerism, employment and or application considerations with Social Services. This release shall be effective on the date of its execution and will expire upon completion of my criminal record check.

Applicant's Signature **Today's Date**

Do Not Write or Mark In The Area Below

Clear The Form Fields PRINT THIS FORM

TCN: · ·

CCPD CHESTERFIELD COUNTY POLICE DEPARTMENT

10001 Iron Bridge Road – P.O. Box 148 – Chesterfield, VA 23832-0911
Phone: (804) 748-1266 – Fax: (804) 748-6265 – Internet: chesterfield.gov/police

COLONEL EDWARD F. CARPENTER JR.
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ , do hereby, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Chesterfield County Police Department whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I understand that any information obtained by a personal-history-background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for volunteering with a Chesterfield County Parks and Recreation co-sponsored youth organization. As such, the results of this background investigation may need to be shared or discussed at the initial application process and, if needed, at any appellate review.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information, as well as the information itself, will not be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature, and will be valid for 12 months from the date shown below.

_____ _____

Date SIGNATURE (SIGN BEFORE A NOTARY PUBLIC)

Commonwealth of Virginia, County of Chesterfield.

Acknowledged before me this _____day of _____, 20_____.

_____

Notary Public Signature