CRIMINAL RECORD INVESTIGATION RELEASE FORM

It is Des Moines County Emergency Management Agency policy to conduct criminal record investigations on all applicants for Des Moines County CERT volunteer positions. This release form, including all the information provided on the form, is not considered part of the application and will be listed separately; the information it contains will not be used to make the selection decision, except in a case of refusal to authorize the investigation.

I hereby authorize Des Moines County Emergency Management Agency to conduct a criminal record investigation using the information I have provided below. I do hereby waive, release, and absolve the Des Moines County Emergency Management Agency, its officers, successors, assignees, other duly authorized personnel thereof, and all claims arising out of my participation in or the results of the criminal record check. In order to facilitate such an investigation, I willingly provide the following information:

Please print the following information legibly:

Name: _____
Last First Middle

Maiden Name (if applicable): _____

Current Address: _____

City: _____

Telephone: _____

Date of Birth: _____

Gender: _____

Race: _____

Driver's License Number: _____

State of Issuance: _____

_____ _____
Legal Signature Date

_____ _____
Witness Signature Date