



**FREDERICK COUNTY GOVERNMENT  
DIVISION OF FIRE & RESCUE SERVICES  
5370 Public Safety Place  
Frederick, MD 21704**

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**BACKGROUND INVESTIGATION  
VOLUNTEER SERVICE VERIFICATION FORM**

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

Dear \_\_\_\_\_,  
Name of Volunteer Station Chief

The following individual has applied for a full-time position as a Firefighter/EMT with Frederick County Division of Fire and Rescue Services. Please verify that this person has been a member of your organization by completing the following:

Applicant's Name: \_\_\_\_\_

• Station Name/#: \_\_\_\_\_

• Address: \_\_\_\_\_

County: \_\_\_\_\_

• How long has this individual volunteered there? \_\_\_\_\_

• Has this volunteer been personally involved in fire suppression? \_\_\_\_\_

• If so, how often? \_\_\_\_\_

• In what capacity? \_\_\_\_\_

• Was this volunteer personally involved in EMS? \_\_\_\_\_

• If so, how often? \_\_\_\_\_

• In what capacity? \_\_\_\_\_

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YOUR NAME/RANK: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Thank you for your assistance.