



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

**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? _____

YOUR NAME/RANK: _____

DAYTIME PHONE NUMBER: _____

SIGNATURE: _____

Thank you for your assistance.