

**COUNTY OF YORK EMERGENCY MANAGEMENT  
VOLUNTEER**

Authorization for Criminal Background Check

**APPLICANT INFORMATION**

NAME:( LAST, FIRST, MIDDLE)\_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_

Applying for:

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> CERT        | <input type="checkbox"/> RACES       |
| <input type="checkbox"/> Hazmat Team | <input type="checkbox"/> CISM        |
| <input type="checkbox"/> EOC         | <input type="checkbox"/> Other _____ |

**CERTIFICATION:**

I HEREBY CERTIFY that I have made application to the County of York as an Emergency Management Volunteer and that I consent to the terms of this application. Solely the County of York Office of Emergency Management shall use the information provided herein in order to determine the accessibility of sensitive information and material provided to volunteers.

My signature below provides my consent to the County of York Office of Emergency Management to utilize the information for purposes of completing a criminal background check.

Under penalty of perjury §4904 Pa Crimes Code

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number will be used for the following purpose: Criminal History Background Check. Disclosure of your Social Security Number is required pursuant to the following State or Federal Law or Regulation: 18 PA C.S.A-SOC 9125.