



Shenandoah County

Department of Fire and Rescue

600 N. Main Street, Suite 109

Woodstock, VA 22664

(540) 459-6167 voice

(540) 459-6192 fax

Letter of Authorization

I, _____ hereby authorize and consent for Shenandoah County Department of Fire and Rescue to conduct a background check through Virginia State Police on the individual named on the attached form. I also hereby affirm this individual is requesting application to a volunteer fire and/or rescue department within Shenandoah County.

Signature (by Chief of Department ONLY)

(date)

Chief Printed Name

Department

I, _____ hereby authorize and consent for the above volunteer department to have my background information run through Virginia State Police as a part of the volunteer fire/EMS application process.

Signature of applicant

(date)

Printed name of applicant

Date of Birth

