**SOMERS LAKESIDE FIRE DISTRICT**

**DISCLOSURE & RELEASE FORM**

In connection with my application for volunteering with Somers Lakeside Fire District, I understand that motor vehicle reports, which may contain public record information, may be requested from the department of motor vehicle’s agency. These reports may include but are not limited to the following type of information: name, address, social security number, date of birth, driver license number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me a position in volunteering.

I authorize, with reservation, any party or agency contacted by Somers Lakeside Fire District to furnish the above-mentioned information.

I understand that:

* Somers Lakeside Fire District obtains all drivers and vehicle information directly from the various state department of motor services (or corresponding agency) and does not maintain its own database of driver and vehicle information
* Somers Lakeside Fire District acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle report.
* If there is something inaccurate on my driver or vehicle report, I must contact the department of motor vehicles directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If accepted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports at any time during my volunteer period.

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN# ---------------------------------------------

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_