



WAIVER OF RESPONSIBILITY -- CRIMINAL HISTORY VERIFICATION

PLEASE PRINT THE FOLLOWING INFORMATION IN LEGIBLE HANDWRITING:

(First Name) (Middle Name) (Last Name) (Suffix)

(Race) (Maiden Name, if applicable)

_____/_____/_____
(Date of Birth) (Social Security Number)

I hereby certify that all entries on my criminal history form are true and complete, and I agree and understand that the Western Virginia EMS Council will be providing the agency I have applied for verification of my ability or inability to provide EMS care in the Commonwealth of Virginia. I understand that all information provided is subject to verification and I consent to the criminal history background check. Information gathered may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis only for good cause as determined by the agency or designee. I will not hold Western Virginia EMS Council or the agency which I have applied for responsible for any negative results that may, in the course of running my criminal history, be discovered.

Date: _____ Signed: _____