



CALVERT COUNTY GOVERNMENT REQUEST FOR FINGERPRINTS FORM

FOR STATE OF MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY



Directions:

- ☐ Volunteer applicants complete form, ensure your email is provided and signatures are obtained
- ☐ Contact the fire rescue ems office to schedule your fingerprinting appointment
Note: Thursdays are the set day for volunteers, morning appointments are from 09:00 to 11:30 and afternoon appointments from 13:30pm until 16:00 pm (we can work with our personnel office if you are unavailable on thursdays)
- ☐ Send an email **frem@co.cal.md.us** with your first & last name, dept. Of membership, and your preferred appointment date & the time
- ☐ Or call the fire rescue ems office at **410-535-1600 ext. 2368** to speak with ginger manifold or wayne hardesty
- ☐ A confirmation email will be sent to your email with the date and time scheduled, make sure to mark your calendar and save the date. The confirmation email will also include the address of the facility in which fingerprints are done which is where you will arrive at that day.
- ☐ If you have your completed form, bring that with you at the time of your appointment to the office of personnel located at 150 Main street, Prince Frederick, Maryland 20678, County Services Plaza, First floor, Suite #101

Completed forms that are sent to the fire rescue ems office without scheduling appointments prior please allow 7-10 business days to be contacted by the FREMS Staff, if you do not hear from our office please follow up, we may not have received your form therefore we are unable to begin the background process .

LIVESCAN PRE-REGISTRATION APPLICATION			
CALVERT COUNTY VOLUNTEER FIRE/RESCUE/EMS MEMBERSHIP APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)			
Full Name:		Suffix Or/ Maiden:	
Social Security #:		Gender: ☐ Male ☐ Female	
Citizenship: ☐ U.S ☐ Other__		Date Of Birth:	Place Of Birth:(City, State)
Height: Ft. In.	Weight: Lbs.	Eye Color:	Hair Color:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other (Check)			
Your E-Mail Address (Need For Scheduling):			
Daytime Phone:		Cell Phone:	
Current Physical Address:			
City:		State:	Zip Code:
Driver's License#:		State Issued : MD ☐ Other ☐	
Application for Membership for which VFD? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 10 ☐ 12		Reason of Fingerprinting: Status ☐ New ☐ Transfer (no previous background) ☐ Returning (Inactive prior to rejoining)	

*I Hereby Declare Or Affirm Under Penalty or Perjury, That I ☐ Have ☐ Have Not Been Convicted, Received A Probation Before Judgment, Received A Not Criminally Responsible Disposition, And That I ☐ Am ☐ Am Not the Subject Of Pending Criminal Charges. I Further Declare Or Affirm That I Am The Applicant Whose Signature Appears Below.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CHIEF OR PRESIDENT: _____ DATE: _____

Agency Information Use Only:

Agency Authorization Number 9300003344

Ori # (If Required): N/A

Reason Fingerprinted:

Position Applied For:

Fire/Rescue/ Emergency Services Provider To Calvert County Citizens

Volunteer Member , Fire/Rescue/Ems Provider

Request Type: Government Licensing Or Certification