



Prince George's County Police Department

Youth & Family Service Division

Volunteer Applicant Authorization of Background Investigation



Applicant Information

Last Name _____ First Name _____ Middle Name _____
 Race _____ Sex _____ DOB _____
 SSN _____ MD Driver's License _____

Address History

1. Current Address _____
 Dates of Residency _____ Through _____
 2. Previous Address _____
 Dates of Residency _____ Through _____
 3. Previous Address _____
 Dates of Residency _____ Through _____

Criminal History

Have You Ever Been Arrested? _____ If so, Describe the Circumstances and Resolution:

 Have you Ever Been Convicted of a Crime? _____ If so, Describe the Circumstances and Resolution:

Applicant Authorization

I hereby authorize the Prince George's County Police Department and its necessary agents to conduct a background investigation concerning my reputation, employment, medical, physical, mental, and criminal records. I further authorize them to research and obtain documents or other necessary information that may be of a confidential or privileged nature. I authorize all institutions, companies, employers, medical facilities, and individuals to accept a copy, facsimile, or a redacted version of this form as authorization for the release of records. I agree to hold harmless anyone who releases documents or other items as it relates to this background investigation.

Signature Name of Applicant: _____ Date: _____

Witness: _____ Date: _____