Clinton County Emergency Management Agency
612 North 2nd Street, Suite 105
P.O. Box 2957
Clinton, IA 52733-2957
Office 563-242-5712
EmergencyManagement@ClintonCounty-ia.gov

Authorization for Release of Information Agreement

Full Legal Name: _____

Date of Birth: _____/_____/_____ SS#: _____-_____-_____ Phone # (_____)_____

Address: _____
Street Address City State Zip

Previous Names (e.g. Maiden Names or others): _____

To Whom It May Concern:

I, _____(print name), hereby authorize the Clinton County Community Emergency Response Team and/or the Clinton County Emergency Management Agency to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that the Clinton County Community Emergency Response Team and/or the Clinton County Emergency Management Agency will utilize the Clinton County Sheriff's Office to assist it in checking such information, and I specifically authorize such an investigation. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for becoming a volunteer will not be processed further.

A photocopy or scanned copy of this release form will be valid as an original thereof, even though the said photocopy or scanned copy does not contain an original writing of my signature.

This waiver is valid for a period of 1 year from the date of my signature.

Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

If I am under 18 years of age, my parent or guardian accepts and acknowledges all of the terms stated above by signing below.

_____ _____
Signature of Volunteer Date

_____
Printed Name Volunteer

_____ _____
Signature of Parent/Guardian if Under 18 Date

_____
Printed Name of Parent/Guardian