

Appendix 1

To:

From: Director/ Deputy Chief M. Shane Darwick

Subject: Fingerprinting

Date:

As part of your application process for volunteer membership, you will need to complete a criminal history records check. To do this, please take the attached form to the Frederick County Sheriff's Office at 110 Airport Drive East to be fingerprinted.

The fingerprinting will be done free of charge if you show this memo to the fingerprinting technician. Without this letter, you will be charged **\$20.00**. If you are fingerprinted anywhere other than the Frederick County Sheriff's Office, you will be responsible for any extra fees. If you wish to use a location other than the Frederick County Sheriff's Office, you will be responsible for any payment due at the time of service.

The hours of operation for fingerprinting are on Tuesdays, Wednesdays, and Thursdays, from 11 am to 5:00 pm. To make an appointment go to www.frederickcosheriff.com/fingerprint In the event of inclement weather, you may call 301-600-1046 to find out if fingerprinting services will be cancelled. Prior to arrival at the Sheriff's Office, please complete and sign the top portion of the attached form.

If you have any questions, you may contact Assistant Chief Polikoff 301-500-4910

Appendix 2



**STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND
CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEM AMBULANCE – CENTRAL
REPOSITORY**

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name: _____

Date of birth: _____ _____ SSN: _____ Gender: Male Female (Please check)

Height: ft. _____ inches _____ Weight: _____ lbs. _____ Eye Color: _____ Hair Color: _____

Race: Black White Asian/Pacific Islander Native American Other (Please check)

Place of Birth: _____ Citizenship: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone: _____ Evening Phone: _____ Driver's License #: _____

AGENCY INFORMATION

Agency Authorization #: 1200002790

ORI # (if required): MD004455Y Reason fingerprinted: Volunteer Firefighter

Position Applied for: Rocky Ridge Volunteer Fire Co. Inc
CO # 13

Request Type: (Choose one ONLY) Adult

<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Government Licensing or Certification Immigration/VISA
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Public Housing
<input checked="" type="checkbox"/> Government Employment	

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____