



**GRANVILLE VOL. FIRE DEPARTMENT**

5051 VT Route 100  
Granville, VT 05747  
Tel.: (802) 767-3033



*“Proudly serving Granville, Vermont and the surrounding communities since 1951”*

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(As Needed)

**Acknowledgement and Authorization for Criminal Background Check**  
(Only required if applying as a firefighter or emergency medical responder)

As a condition of my candidacy for membership as an emergency responder with Granville Volunteer Fire Department, I understand that the fire department will conduct a criminal background check on me for employment purposes.

By signing this Acknowledgement and Authorization, I authorize Granville Volunteer Fire Department, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Granville Volunteer Fire Department, Inc. and the officer there of, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report.

I believe to the best of my knowledge that all information provided in this application is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please mail or drop-off application: Granville Fire Department 5051 VT route 100 Granville, VT 05747  
You may also call Fire/EMS Chief Dan Sargeant for information at 802-349-5774  
We sincerely appreciate your interest in your local fire department.***