



**Lancaster Police Department**  
 Criminal Justice Building  
 Lancaster Town Center – 525 Pavement Road  
 Lancaster, New York 14086



**Gerald J. Gill, Jr.**  
**Chief of Police**

**Police Department**  
 Phone: 716-683-2800  
 Fax: 716-681-2352

**Detective Bureau:**  
 Phone: 716-683-3120  
 Fax: 716-681-6779

**Background Check Release Form for Employment and/or Membership**

**Lancaster Volunteer Ambulance Corp**

**Requestor Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
 (Print)

**Signature of Requestor** \_\_\_\_\_

**(To be completed by applicant)**

I, \_\_\_\_\_, authorize the Lancaster Police Department  
 (PRINT NAME)  
 to conduct a background check for purposes of membership to the above indicated organization  
 to include **but not limited to local arrest record and driver's license history.**

Name: \_\_\_\_\_  
 Last First Middle Jr./III

List all names you have previously been known as;

Street address: \_\_\_\_\_ Apt \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (If less than 5 years) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Notary Public** \_\_\_\_\_ **Affix Stamp**

**Lancaster Police Department Use Only**

\_\_\_\_\_ This person (has) /(does not have) Vehicle & Traffic Violations on file.  
 Circle One

\_\_\_\_\_ This person (has) /(does not have) an Erie County New York arrest record.  
 Circle One

\_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_

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