

Credentiaing and background Investigation

# VOLUNTEER DISCLOSURE & RELEASE

VOLUNTEER'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

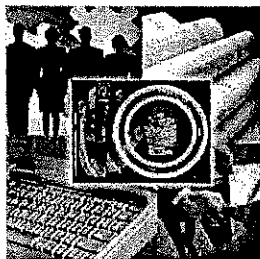
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Please list the last 7 years of Place of Residence

	City	State
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Falsification of information on this form may be grounds for denial of volunteer privileges.



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## VOLUNTEER DISCLOSURE & RELEASE

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer <sup>1</sup> and/or investigative consumer <sup>2</sup> may be made in connection with my application for volunteering with prospective facilities. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior volunteering and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past volunteering from previous facilities. Further, I understand that agents may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for extension of volunteer privileges or denial of volunteer privileges. I hereby discharge, release and indemnify prospective facilities, their agents, servants and schools, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by investigating agents.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

If you are under the age of eighteen, the signature of a parent or guardian must be obtained.

**VOLUNTEER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

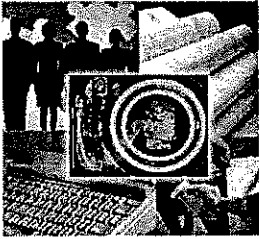
**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you are denied acceptance as a volunteer, either wholly or in part because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

<sup>1</sup> A consumer report may consist of enrollment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

<sup>2</sup> An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

**VOLUNTEER DISCLOSURE & RELEASE**



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**Employment References**

**Please list three most recent places of employment.**

**My Present Employer May Be Contacted For a Job Reference**    Yes     No

**1.**  
Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2.**  
Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3.**  
Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_