

**DISCLOSURE AND AUTHORIZATION  
TO PERFORM BACKGROUND INVESTIGATION**

In connection with my application to serve as an employee or volunteer with **Sweet Adelines International, Pacific Shores Region 12's Mountain Harmony Camp** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act.

These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my friends or associates. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

**Acknowledgment and Authorization**

I understand that these searches will be used to determine work assignment or employment eligibility under the Client's employment or volunteer policies. Therefore, I authorize and consent for full release of records to the authorized representatives of the Client. In addition, I release and discharge the Client and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a copy of the report from the Client. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act*.

I hereby certify that I have read and fully understand this Disclosure And Authorization document and consent to the background verification.

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**State Consumer Reporting Requirements – Background Investigation**

**Residents of California:**

Under state law you have a right to receive a copy of your investigative consumer report free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide in the Background Check Information section of the Disclosure and Authorization form.

**I wish to receive a copy of any report on me that is requested.**

**Background Check Information**

All information required – print clearly

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Current street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers Lic. Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

