

VOLUNTEER AUTHORIZATION FORM

[IMPORTANT – PLEASE TYPE OR PRINT CLEARLY]

ORGANIZATION - Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Subject – Legal Name - First: _____ MI: _____ Last: _____

Maiden or Alias Names Used: _____

Social Security Number*: _____ DOB*: _____

Driver License Number: _____ State: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

*Required solely for background screening purposes and will not be used as hiring criteria.

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

NOTICE REGARDING BACKGROUND INVESTIGATION

Organization may obtain information about you from a consumer reporting agency for volunteer purposes. Thus, you may be the subject of a 'consumer report' and/or an 'investigative consumer report' which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your term. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants is an investigation into your criminal history conducted by **Clear Investigative Advantage LLC, 11330 Legacy Drive, Suite 307, Frisco, TX 75033, Tel: 888-242-2503** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Organization to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your term to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Clear Investigative Advantage** or another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by Employer at no charge whenever you have a right to receive such a copy under California law.

Signature: _____ **Date:** _____