



**Motor Vehicle Report Release for Volunteers**

I am applying for a volunteer role or change in volunteer status with The Center For Family Services, Inc. I acknowledge that I have been notified by Center For Family Services that a Motor Vehicle Record Check will be run to determine if I am eligible to drive for the Agency. I understand that this report will be used to evaluate me for possible volunteering regarding this or any other Center For Family Services driving position.

I also understand that this consent form allows for the ongoing Motor Vehicle Record Checks per Center For Family Services policy, if I am volunteering in a Center For Family Services driving position.

The Fair Credit Reporting Act entitles me to know if an adverse volunteering decision is made based on this information obtained from a Consumer Reporting Agency. If any adverse volunteering decision is made based on this information, I will be advised. I will also be given the name of the agency or source which provided the information, a copy of the information (Motor Vehicle Report), and a summary of my rights under the Fair Credit Reporting Act.

I, \_\_\_\_\_, give my permission to allow

(Print Full Name)

Center for Family Services, Inc., to obtain a Motor Vehicle Report on my behalf and to recheck my MVR ongoing per Agency policy if I am volunteering in a Center For Family Services driving position.

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*Please print clearly*

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Full Name

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Social Security Number

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Position Applies for/Current Position

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Program

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

Have you been a licensed driver for at least three years? Yes No

Have you been a licensed driver for at least six years? Yes No

Driver's License Number: \_\_\_\_\_

State Driver's License Issued: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Do you currently have a graduated or suspended license? Yes No

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I acknowledge the above information is current and correct. I understand that if the information is found to be not correct, my application for volunteering may be denied or, if currently volunteering, I may be subject to discipline, up to and including termination:

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

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Volunteer Supervisor \_\_\_\_\_ Date submitted to HR \_\_\_\_\_