

Criminal Record Report Disclosure and Release for Volunteering

In connection with your application to volunteer, an investigative consumer report and consumer reports, which may contain public information, may be requested from HireRight. Such reports may contain public record information.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153, or by phone at 1-800-381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT TO FURNISH A CONSUMER OR INVESTIGATIVE CONSUMER REPORT ABOUT ME TO CENTER FOR FAMILY SERVICES, INC FOR EMPLOYMENT RELATED PURPOSES.

HireRight is authorized to disclose all information obtained to CENTER FOR FAMILY SERVICES, INC. for the purpose of making a determination as to my eligibility for a volunteer role, or any other lawful purpose. If onboarded as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of investigative consumer reports and consumer reports at any time during my volunteer role or contract period.

By signing below, I certify that I have read and understand this release and that I executed this release voluntarily and with the knowledge that the information being released could affect my being onboarded as a volunteer and my eligibility to serve as a volunteer. This release is valid for all federal, state, county and local agencies, authorities, and governments.

Please complete information on next page and print clearly

Position Applied for/Current Position		Program Name	
Social Security Number		Date of	Birth
Last name	First name		Middle name
Address			
City		State	Zip
I acknowledge that the above	e information is current and	correct.	
Signature			Date