

In connection with my application to become a **volunteer** with **VISIONS/Services for the Blind and Visually Impaired**, during the course of my service, I understand that prior to or at any time after any acceptance of my application a Consumer Report may be requested from InfoLink Screening Services, Inc. or Intellicorp Ltd. (herein: "InfoLink" or "Intellicorp") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that a Credit Report may be requested from Experian Employment Insight Report, Trans Union Pre-Employment Evaluation Report or Equifax Credit Report for Employment. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past assignment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK.

In accordance with the Fair Credit Reporting Act and state law, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my volunteer application is denied because of information obtained from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency including their toll free number, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, InfoLink or Intellicorp will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that InfoLink or Intellicorp is a Consumer Reporting Agency and it is InfoLink's or Intellicopr's policy to not be involved in or make hiring decisions or recommendations. InfoLink's or Intellicopr's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Such information may include names and dates of other Subscriber inquiries to InfoLink or Intellicorp. InfoLink or Intellicorp does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that *any* Consumer Report or Investigative Consumer Report requested will be used strictly for permissible purposes as defined under §603(h) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation as a volunteer, promotion, reassignment or retention as a volunteer. In addition, any offer of assignment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for assignment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered.

Last Name _____ First Name _____ Middle Name / Initial _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Social Security Number Driver's License Number State Issued E-mail Address

For Identification Purposes, Please Provide: DOB _____

Have you used any names or social security numbers other than above? Yes No

Please List Other Names Used _____

Please List Other Social Security Numbers Used _____

Signature Authorizing the Procurement of the Report Date _____

Signature By Parent or Guardian Authorizing the Procurement of the Report Date _____