

# VOLUNTEER INQUIRY RELEASE

In conjunction with my volunteer application, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my character, academic background, credentials, work habits, work performance, work experience, reasons for work termination. You also may seek information concerning my employment history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to accept me into the organization and If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my affiliation with your organization. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

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

**THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION**

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Date of birth** \_\_\_\_\_

**My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.**

**Notice to Applicants Living in CA, OK or MN**

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: \_\_\_\_\_ \*\*

\*\* By entering my email address, I authorize Selection.com to deliver my Report via email

**Notice to California Residents:**

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

\*\*\*\*\* IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING \*\*\*\*\*

Customer Number CVV101#00001 \_\_\_\_\_ Location or Store Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Position Applied For \_\_\_\_\_

Information Requested:

Combined Report: \_\_\_\_\_

Individual Reports: \_\_\_\_\_

Criminal Convictions  County(s) and state(s) \_\_\_\_\_

Other: \_\_\_\_\_

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435

For background check entry, send to [requests@selection.com](mailto:requests@selection.com).

For employment or education verification purposes, email to [releases@selection.com](mailto:releases@selection.com) with the applicant's full name in the subject line.