BACKGROUND CHECK DISCLOSURE AND CONSENT FORM FOR VOLUNTEER PURPOSES

PLEASE READ CAREFULLY

As an applicant for volunteering, I acknowledge that the County of Dinwiddie (the "County") or its agent, may now, or at any time while I am volunteering with the County, conduct a verification of my education, previous employment/work history, credit history, and motor vehicle records; contact personal references; conduct drug testing; receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency; and verify any other information deemed necessary to fulfill the volunteer requirements. The results of this verification process will be used to determine volunteer eligibility under the County of Dinwiddie policies. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, the County will provide you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*

Please be advised that as part of these inquiries the County may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that the County make a complete and accurate disclosure of the nature and scope of the investigation required.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, is available at the Federal Trade Commission's web site (http://www.ftc.gov). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20552.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Truescreen, Inc. with all of the above-listed information that may be requested. I authorize Truescreen at 251 Veterans Way, Warminster, PA 18974, 888-276-8518, help@truescreen.com, www.truescreen.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative of the County of Dinwiddie. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if my volunteer application was denied based on information obtained by my prospective volunteer organization's background verification program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

I acknowledge and agree that this Background Check Disclosure and Consent Form shall remain valid and in effect during the term of my volunteering, subject to all applicable laws.

Applicant's Signature	← Today's Date	- <mark>RELEASE MUST BE SIGN</mark>
CONFIDENTIAL INFO	RMATION FOR POSITIVE IDENTIFICAT	TION PURPOSES ONLY
Applicant Last Name	First Name	Middle Name
List Other Names Used (MAIDEN NAME)	Date of Birth (For Identification only)	Social Security Number
Driver's License Number/State	Sex	Race
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates