DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you as a volunteer, Next Village San Francisco may request and rely upon one or more consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. This will not include a consumer credit report.

For explanation purposes:

 a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency which may include criminal history reports, or driving records.

Under the Fair Credit Reporting Act (FCRA), before Next Village San Francisco can obtain a consumer report about you for volunteer enrollment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Next Village San Francisco to obtain and rely upon consumer reports in considering me as a volunteer. By my signature below, I authorize Next Village San Francisco to obtain any such reports and to share the information received with any person involved in the volunteer enrollment decision about me.

l also a	agree	that th	nis Di	sclosu	re ar	nd A	Auth	oriz	ation	in o	riginal	, faxed,	phot	ocopie	d, or
electror	nic (in	cluding	g elec	ctronica	ally s	igne	ed)	forn	n will I	oe v	alid fo	or any c	onsur	mer re	ports
that ma	ay be	reque	ested	about	me	by	or	on	behal	f of	Next	Village	San	Franc	isco.

Applicant Signature	Date	
NEXT YOU	 	

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Personal Data

Last Name First Name Middle Name Current Address Dates Lived Here Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence: Date of Birth Years Used Other Names Used (including maiden name) Social Security Number Driver's License # State Email address (may be used for official correspondence) I have the right to make a request to **IntelliCorp Records**, **Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request. I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteer enrollment and my discharge after enrollment. **Applicant Signature** Printed Name Date