



DISCLOSURE - VOLUNTEER

Please be advised that Tri-County Health Department and/or our agent HRPLUS, may obtain reports and/or investigative consumer reports about you for volunteer purposes. Pursuant to the Fair Credit Reporting Act (FCRA), consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The FCRA provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

AUTHORIZATION/CONSENT AND RELEASE

I, the undersigned, certify that all the information provided as part of my application is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials may result in denial of volunteering, and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Tri-County Health Department** and/or its agent HRPLUS, to prepare consumer reports and/or investigative consumer reports (reference checks) about me at any time prior to or during my volunteering and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT HRPLUS.

I hereby voluntarily and knowingly release and discharge Tri-County Health Department, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original.

Print Name

Signature

Date