

**FCRA Disclosure Notice and Authorization
Regarding Background Investigation Reports for
City of Renton, WA Volunteers**

Applicant's Legal Name (printed) _____

Disclosure

Information will be obtained on the above named applicant regarding the following.

- Criminal records, including open warrants and pending charges
- Sex offender registry search
- Address history
- Social security number trace

The background report that is provided to the City is provided in accordance with all state and federal laws. The report is obtained in connection with your application for and/or continued volunteer involvement with the City of Renton. The background report containing information noted above is governed by the Fair Credit Reporting Act (FCRA).

Your rights

Upon timely written request of the City of Renton, and within five days of the request, the name, address and phone number of the Consumer Reporting Agency (CRA) and the nature and scope of the report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the report, you will be provided a copy of the report, the name, address and telephone number of the CRA, and a summary of your rights under the FCRA.

Authorization

You hereby authorize and request, without reservation, the following establishments: police departments, CRAs, or any other persons or agencies who have knowledge about you to furnish the City of Renton and/or Alliance 2020 with any and all background information in their possession regarding you, in order that your volunteer qualifications may be evaluated.

Read, acknowledged and authorized.

Signature _____ Date _____

City of Renton Volunteer Background Questionnaire

Please Print Clearly and Provide All Information. You Must Sign and Date this Document. Use Additional Sheets or the Back of this Form, if Required.

Volunteer Position You Are Applying For:
--

Personal Information

Last Name	First Name	Middle Name	SSN
Phone No.	Driver's License No.	State of Issue	Date of Birth*
List Any Other Names You Have Used			

Residential History, Last Two

Current Street Address	City	State	ZipCode	County	
Former Street Address	City	State	ZipCode	County	From/To (Dates)

Criminal History. You MUST Answer Each of the Following Three Questions by Checking Yes or No**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	1. Have you been convicted of a crime?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	2. Have you received an alternative adjudication for which the deferral period, parole, probation, or court supervision ended within the past seven years?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	3. Do you have any open warrants or charges pending against you?

If You Answered "Yes" to Any of These Three (3) Questions, Provide Details Below:

County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition

*You are requested to provide your date of birth on this form. The date of birth is needed to verify an applicant's criminal and/or driving histories.

**Conviction of a crime is not an absolute bar to volunteering. Factors such as the age of the offense, evidence of rehabilitation, seriousness of the violation, legislative restriction and relationship to the volunteer position are considered in all volunteer decisions.

Authorization, Release, Acknowledgement and Certification

I hereby authorize and request, without reservation, any present or former employer, school, police department, consumer reporting agencies, or any other persons or agencies having knowledge about me to furnish Alliance 2020 with any and all background information in their possession regarding me, in order that my volunteer qualifications may be evaluated. Furthermore, I release all parties mentioned above from any liability and responsibility for doing so.

I also authorize the procurement of a background report for the purpose of consideration for volunteering. This authorization, in its original form, fax or copy (mechanical or digital) shall be valid for this and all future background reports or updates that may be deemed necessary subsequent to an offer to become a volunteer and/or my acceptance of a volunteer position with this firm. I acknowledge that I have been provided a separate combined disclosure and authorization regarding background reports pursuant to the requirements of the Fair Credit Reporting Act (FCRA).

UNDER PENALTY OF PERJURY, I certify that the information I have provided above is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my placement is conditioned upon the receipt of a satisfactory background report from Alliance 2020.

Signature _____ Printed Name _____ Date